

SERFF Tracking Number:	AMMH-125771139	State:	Arkansas
Filing Company:	American Modern Home Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	20080502-06		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	Forms-CPI - 2008		
Project Name/Number:	Forms-CPI - 2008/20080502-06		

Filing at a Glance

Company: American Modern Home Insurance Company

Product Name: Forms-CPI - 2008

SERFF Tr Num: AMMH-125771139 State: Arkansas

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 09.0005 Other Commercial Inland Marine

Co Tr Num: 20080502-06

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Mellisa Anderson

Disposition Date: 08/28/2008

Date Submitted: 08/12/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 08/28/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):
08/28/2008

State Filing Description:

General Information

Project Name: Forms-CPI - 2008

Status of Filing in Domicile:

Project Number: 20080502-06

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 08/28/2008

State Status Changed: 08/12/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to update the Collateral Protection Single Interest Program Forms. There will be 34 forms changing.

CP-DC (Rev. 05/07) Master Policy Declarations

CP-MP (Rev. 05/07) All Risk Physical Damage Master Policy

LB-DC (Rev. 05/07) Lender Coverages Policy Declarations

<i>SERFF Tracking Number:</i>	<i>AMMH-125771139</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Modern Home Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>20080502-06</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Forms-CPI - 2008</i>		
<i>Project Name/Number:</i>	<i>Forms-CPI - 2008/20080502-06</i>		

LB-MP (Rev. 05/07) Lender Coverages Policy Form
 CP-13 (03/97) Eligible Collateral Endorsement
 CP-SC (Rev. 01/08) Borrower's Schedule
 CP-CI (Rev. 05/07) Borrower's Certificate of Insurance

II. PHYSICAL DAMAGE COVERAGE OPTIONAL FORMS & ENDORSEMENTS

Form Number Form Title

CP-01 (03/97) General Change Endorsement
 CP-02 (Rev. 05/07) Waiver of Repossession Endorsement
 CP-15 (Rev. 05/07) Actual Cash Value Settlement Option Endorsement
 CP-16 (Rev. 05/07) Single Interest Deductible Endorsement
 CP-CIA (Rev. 05/07) Borrower's Certificate of Insurance (ACV Settlement Option)
 CP-20 (01/04) Limited Towing and Storage Endorsement
 CP-CV (05/07) Commercial Vehicle Coverage Endorsement
 CP-PR (05/07) Pro-Rata Cancellation Endorsement
 LB-03 (Rev. 05/07) Confiscation, Conversion, and Secretion Coverage Endorsement
 (Broad Form per Outstanding Eligible Loans)
 LB-33 (05/07) Confiscation, Conversion, and Secretion Coverage Endorsement
 (Broad Form w/Single Interest Insurance)
 LB-53 (05/07) Confiscation, Conversion, and Secretion Coverage Endorsement
 (Standard Form per Outstanding Eligible Loans)
 LB-73 (05/07) Confiscation, Conversion, and Secretion Coverage Endorsement
 (Standard Form w/Single Interest Insurance)
 LB-63 (11/07) Confiscation, Conversion and Secretion Coverage Change Endorsement
 LB-04 (Rev. 05/07) Repossession Reimbursement Coverage Endorsement
 (w/Single Interest Insurance)
 LB-54 (05/07) Repossession Reimbursement Coverage Endorsement
 (per Outstanding Eligible Loans)
 LB-05 (Rev. 05/07) Mechanics Lien Reimbursement Coverage Endorsement
 (w/Single Interest Insurance)
 LB-55 (05/07) Mechanics Lien Reimbursement Coverage Endorsement
 (per Outstanding Eligible Loans)

<i>SERFF Tracking Number:</i>	<i>AMMH-125771139</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Modern Home Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>20080502-06</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Forms-CPI - 2008</i>		
<i>Project Name/Number:</i>	<i>Forms-CPI - 2008/20080502-06</i>		

LB-06 (Rev. 05/07) Repossession Storage Reimbursement Expense Coverage Endorsement (w/Single Interest Insurance)

LB-56 (05/07) Repossession Storage Reimbursement Expense Coverage Endorsement
(per Outstanding Eligible Loans)

LB-07 (Rev. 05/07) Deficit Unpaid Balance Protection Coverage Endorsement
(One Certificate without Loss)

LB-57 (05/07) Deficit Unpaid Balance Protection Coverage Endorsement
(Multiple Certificates without Loss)

LB-87 (05/07) Deficit Unpaid Balance Protection Coverage Endorsement
(One Certificate with Loss)

LB-97 (05/07) Deficit Unpaid Balance Protection Coverage Endorsement
(Multiple Certificates with Loss)

LB-08 (Rev. 05/07) Repossessed Collateral Coverage Endorsement

LB-12 (Rev. 05/07) Instrument Non-Filing Errors and Omissions Coverage Endorsement

LB-14 (01/04) Loss Payee Protection Endorsement

LB-15 (01/04) Loan Balance Protection Endorsement

Company and Contact

Filing Contact Information

Mellisa Anderson, Filing Analyst	melanderson@amig.com
7000 Midland Blvd	(800) 759-9008 [Phone]
Amelia, OH 45102	(513) 947-4929[FAX]

Filing Company Information

American Modern Home Insurance Company	CoCode: 23469	State of Domicile: Ohio
7000 Midland Blvd.	Group Code: 127	Company Type:
Amelia, OH 45102	Group Name:	State ID Number:
(800) 759-9008 ext. [Phone]	FEIN Number: 31-0715697	

Filing Fees

Fee Required?	Yes
---------------	-----

<i>SERFF Tracking Number:</i>	<i>AMMH-125771139</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Modern Home Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>20080502-06</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Forms-CPI - 2008</i>		
<i>Project Name/Number:</i>	<i>Forms-CPI - 2008/20080502-06</i>		
Fee Amount:	\$50.00		
Retaliatory?	No		
Fee Explanation:	This is the fee for a Forms Filing		
Per Company:	No		

SERFF Tracking Number: *AMMH-125771139* *State:* *Arkansas*
Filing Company: *American Modern Home Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *20080502-06*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0005 Other Commercial Inland Marine*
Product Name: *Forms-CPI - 2008*
Project Name/Number: *Forms-CPI - 2008/20080502-06*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Modern Home Insurance Company	\$50.00	08/12/2008	21896381

SERFF Tracking Number:	AMMH-125771139	State:	Arkansas
Filing Company:	American Modern Home Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	20080502-06		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	Forms-CPI - 2008		
Project Name/Number:	Forms-CPI - 2008/20080502-06		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/28/2008	08/28/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Llyweyia Rawlins	08/21/2008	08/21/2008	Mellisa Anderson	08/28/2008	08/28/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Borrower's Schedule	Form	Mellisa Anderson	08/13/2008	08/13/2008
Borrower's Certificate of Insurance	Form	Mellisa Anderson	08/13/2008	08/13/2008
General Change Endorsement	Form	Mellisa Anderson	08/13/2008	08/13/2008
Waiver of Repossession Endorsement	Form	Mellisa Anderson	08/13/2008	08/13/2008
Actual Cash Value Settlement Option Endorsement	Form	Mellisa Anderson	08/13/2008	08/13/2008
Single	Form	Mellisa Anderson	08/13/2008	08/13/2008

SERFF Tracking Number: AMMH-125771139 State: Arkansas
 Filing Company: American Modern Home Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: 20080502-06
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
 Product Name: Forms-CPI - 2008
 Project Name/Number: Forms-CPI - 2008/20080502-06

Interest

Deductible

Endorsement

Borrower's Form Certificate of Insurance (ACV Settlement Option)	Mellisa Anderson	08/13/2008	08/13/2008
Limited Form Towing and Storage Endorsement	Mellisa Anderson	08/13/2008	08/13/2008
Commercial Form Vehicle Coverage Endorsement	Mellisa Anderson	08/13/2008	08/13/2008
Pro-Rata Form Cancellation Endorsement	Mellisa Anderson	08/13/2008	08/13/2008
Confiscation, Form Conversion, and Secretion Coverage Endorsement	Mellisa Anderson	08/13/2008	08/13/2008
Confiscation, Form Conversion, and Secretion Coverage Endorsement	Mellisa Anderson	08/13/2008	08/13/2008
Confiscation, Form Conversion, and Secretion Coverage Endorsement	Mellisa Anderson	08/13/2008	08/13/2008
Confiscation, Form Conversion, and Secretion	Mellisa Anderson	08/13/2008	08/13/2008

SERFF Tracking Number: AMMH-125771139 State: Arkansas
 Filing Company: American Modern Home Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: 20080502-06
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
 Product Name: Forms-CPI - 2008
 Project Name/Number: Forms-CPI - 2008/20080502-06

Coverage

Endorsement

Confiscation, Form Conversion and Secretion Coverage Change Endorsement	Mellisa Anderson	08/13/2008	08/13/2008
RepossessionForm Reimburseme nt Coverage Endorsement	Mellisa Anderson	08/13/2008	08/13/2008
RepossessionForm Reimburseme nt Coverage Endorsement	Mellisa Anderson	08/13/2008	08/13/2008
Mechanics Form Lien Reimburseme nt Coverage Endorsement	Mellisa Anderson	08/13/2008	08/13/2008
Mechanics Form Lien Reimburseme nt Coverage Endorsement	Mellisa Anderson	08/13/2008	08/13/2008
RepossessionForm Storage Reimburseme nt Expense Coverage Endorsement (w/Single Interest Insurance)	Mellisa Anderson	08/13/2008	08/13/2008
RepossessionForm Storage Reimburseme	Mellisa Anderson	08/13/2008	08/13/2008

SERFF Tracking Number: AMMH-125771139 State: Arkansas
Filing Company: American Modern Home Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 20080502-06
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Forms-CPI - 2008
Project Name/Number: Forms-CPI - 2008/20080502-06

nt Expense
Coverage
Endorsement

Deficit Unpaid Form Mellisa Anderson 08/13/2008 08/13/2008
Balance

Protection
Coverage
Endorsement

Deficit Unpaid Form Mellisa Anderson 08/13/2008 08/13/2008
Balance

Protection
Coverage
Endorsement

Deficit Unpaid Form Mellisa Anderson 08/13/2008 08/13/2008
Balance

Protection
Coverage
Endorsement

Deficit Unpaid Form Mellisa Anderson 08/13/2008 08/13/2008
Balance

Protection
Coverage
Endorsement

Repossessed Form Mellisa Anderson 08/13/2008 08/13/2008
Collateral

Coverage
Endorsement

Instrument Form Mellisa Anderson 08/13/2008 08/13/2008

Non-Filing
Errors and
Omissions
Coverage
Endorsement

Loss Payee Form Mellisa Anderson 08/13/2008 08/13/2008

Protection
Endorsement

Loan Balance Form Mellisa Anderson 08/13/2008 08/13/2008

Protection

<i>SERFF Tracking Number:</i>	<i>AMMH-125771139</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Modern Home Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>20080502-06</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Forms-CPI - 2008</i>		
<i>Project Name/Number:</i>	<i>Forms-CPI - 2008/20080502-06</i>		

Endorsement

SERFF Tracking Number:	AMMH-125771139	State:	Arkansas
Filing Company:	American Modern Home Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	20080502-06		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	Forms-CPI - 2008		
Project Name/Number:	Forms-CPI - 2008/20080502-06		

Master Policy Form Declarations	Mellisa Anderson	08/13/2008	08/13/2008
All Risk Form Physical Damage	Mellisa Anderson	08/13/2008	08/13/2008
Master Policy Lender Form Coverages	Mellisa Anderson	08/13/2008	08/13/2008
Policy Declarations Lender Form Coverages	Mellisa Anderson	08/13/2008	08/13/2008
Policy Form Eligible Form Collateral Endorsement	Mellisa Anderson	08/13/2008	08/13/2008

<i>SERFF Tracking Number:</i>	<i>AMMH-125771139</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Modern Home Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>20080502-06</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Forms-CPI - 2008</i>		
<i>Project Name/Number:</i>	<i>Forms-CPI - 2008/20080502-06</i>		

Disposition

Disposition Date: 08/28/2008

Effective Date (New): 08/28/2008

Effective Date (Renewal): 08/28/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMMH-125771139 State: Arkansas
Filing Company: American Modern Home Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 20080502-06
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Forms-CPI - 2008
Project Name/Number: Forms-CPI - 2008/20080502-06

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Summary of the Form Changes	Approved	Yes
Supporting Document	Proposed Forms Page	Approved	Yes
Supporting Document	Revised Forms Page and Forms	Approved	Yes
Form (revised)	Master Policy Declarations	Approved	Yes
Form	Master Policy Declarations	Approved	Yes
Form (revised)	All Risk Physical Damage Master Policy	Approved	Yes
Form	All Risk Physical Damage Master Policy	Approved	Yes
Form (revised)	Lender Coverages Policy Declarations	Approved	Yes
Form	Lender Coverages Policy Declarations	Approved	Yes
Form (revised)	Lender Coverages Policy Form	Approved	Yes
Form	Lender Coverages Policy Form	Approved	Yes
Form (revised)	Eligible Collateral Endorsement	Approved	Yes
Form	Eligible Collateral Endorsement	Approved	Yes
Form (revised)	Borrower's Schedule	Approved	Yes
Form	Borrower's Schedule	Approved	Yes
Form (revised)	Borrower's Certificate of Insurance	Approved	Yes
Form	Borrower's Certificate of Insurance	Approved	Yes
Form (revised)	General Change Endorsement	Approved	Yes
Form	General Change Endorsement	Approved	Yes
Form (revised)	Waiver of Repossession Endorsement	Approved	Yes
Form	Waiver of Repossession Endorsement	Approved	Yes
Form (revised)	Actual Cash Value Settlement Option Endorsement	Approved	Yes
Form	Actual Cash Value Settlement Option Endorsement	Approved	Yes
Form (revised)	Single Interest Deductible Endorsement	Approved	Yes
Form	Single Interest Deductible Endorsement	Approved	Yes
Form (revised)	Borrower's Certificate of Insurance (ACV Settlement Option)	Approved	Yes
Form	Borrower's Certificate of Insurance (ACV Settlement Option)	Approved	Yes

SERFF Tracking Number: AMMH-125771139 State: Arkansas
Filing Company: American Modern Home Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 20080502-06
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Forms-CPI - 2008
Project Name/Number: Forms-CPI - 2008/20080502-06

Settlement Option)

Form (revised)	Limited Towing and Storage Endorsement	Approved	Yes
Form	Limited Towing and Storage Endorsement	Approved	Yes
Form (revised)	Commercial Vehicle Coverage Endorsement	Approved	Yes
Form	Commercial Vehicle Coverage Endorsement	Approved	Yes
Form (revised)	Pro-Rata Cancellation Endorsement	Approved	Yes
Form	Pro-Rata Cancellation Endorsement	Approved	Yes
Form (revised)	Confiscation, Conversion, and Secreton Coverage Endorsement	Approved	Yes
Form	Confiscation, Conversion, and Secreton Coverage Endorsement	Approved	Yes
Form (revised)	Confiscation, Conversion, and Secreton Coverage Endorsement	Approved	Yes
Form	Confiscation, Conversion, and Secreton Coverage Endorsement	Approved	Yes
Form (revised)	Confiscation, Conversion, and Secreton Coverage Endorsement	Approved	Yes
Form	Confiscation, Conversion, and Secreton Coverage Endorsement	Approved	Yes
Form (revised)	Confiscation, Conversion, and Secreton Coverage Endorsement	Approved	Yes
Form	Confiscation, Conversion, and Secreton Coverage Endorsement	Approved	Yes
Form (revised)	Confiscation, Conversion and Secreton Coverage Change Endorsement	Approved	Yes
Form	Confiscation, Conversion and Secreton Coverage Change Endorsement	Approved	Yes
Form (revised)	Repossession Reimbursement Coverage Endorsement	Approved	Yes
Form	Repossession Reimbursement Coverage Endorsement	Approved	Yes
Form (revised)	Repossession Reimbursement Coverage Endorsement	Approved	Yes

SERFF Tracking Number: AMMH-125771139 State: Arkansas
Filing Company: American Modern Home Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 20080502-06
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Forms-CPI - 2008
Project Name/Number: Forms-CPI - 2008/20080502-06

Form	Repossession Reimbursement Coverage Endorsement	Approved	Yes
Form (revised)	Mechanics Lien Reimbursement Coverage Endorsement	Approved	Yes
Form	Mechanics Lien Reimbursement Coverage Endorsement	Approved	Yes
Form (revised)	Mechanics Lien Reimbursement Coverage Endorsement	Approved	Yes
Form	Mechanics Lien Reimbursement Coverage Endorsement	Approved	Yes
Form (revised)	Repossession Storage Reimbursement Expense Coverage Endorsement (w/Single Interest Insurance)	Approved	Yes
Form	Repossession Storage Reimbursement Expense Coverage Endorsement (w/Single Interest Insurance)	Approved	Yes
Form (revised)	Repossession Storage Reimbursement Expense Coverage Endorsement	Approved	Yes
Form	Repossession Storage Reimbursement Expense Coverage Endorsement	Approved	Yes
Form (revised)	Deficit Unpaid Balance Protection Coverage Endorsement	Approved	Yes
Form	Deficit Unpaid Balance Protection Coverage Endorsement	Approved	Yes
Form (revised)	Deficit Unpaid Balance Protection Coverage Endorsement	Approved	Yes
Form	Deficit Unpaid Balance Protection Coverage Endorsement	Approved	Yes
Form (revised)	Deficit Unpaid Balance Protection Coverage Endorsement	Approved	Yes
Form	Deficit Unpaid Balance Protection Coverage Endorsement	Approved	Yes
Form (revised)	Deficit Unpaid Balance Protection Coverage Endorsement	Approved	Yes
Form	Deficit Unpaid Balance Protection Coverage Endorsement	Approved	Yes
Form (revised)	Repossessed Collateral Coverage Endorsement	Approved	Yes

SERFF Tracking Number:	AMMH-125771139	State:	Arkansas
Filing Company:	American Modern Home Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	20080502-06		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	Forms-CPI - 2008		
Project Name/Number:	Forms-CPI - 2008/20080502-06		

Form	Repossessed Collateral Coverage Endorsement	Approved	Yes
Form (revised)	Instrument Non-Filing Errors and Omissions Coverage Endorsement	Approved	Yes
Form	Instrument Non-Filing Errors and Omissions Coverage Endorsement	Approved	Yes
Form (revised)	Loss Payee Protection Endorsement	Approved	Yes
Form	Loss Payee Protection Endorsement	Approved	Yes
Form (revised)	Loan Balance Protection Endorsement	Approved	Yes
Form	Loan Balance Protection Endorsement	Approved	Yes

SERFF Tracking Number: AMMH-125771139 State: Arkansas
Filing Company: American Modern Home Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 20080502-06
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Forms-CPI - 2008
Project Name/Number: Forms-CPI - 2008/20080502-06

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/21/2008
Submitted Date 08/21/2008
Respond By Date 08/30/2008

Dear Mellisa Anderson,

Forms: CP-MP All Risk Physical Dam., CP-CI Borrower's Certificate (Suit Against Us)

The applicable provision of the Arkansas Statute of Limitations of the Arkansas General Code, allows five (5) years in which to commence litigation for this insurance contract. You may amend by extending the time limit to five (5) years or by stating, "within the time allowed by law."

Sincerely,
Llyweyia Rawlins

Please feel free to contact me if you have questions.

Sincerely,
Llyweyia Rawlins

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/28/2008
Submitted Date 08/28/2008

Dear Llyweyia Rawlins,

Comments:

Response 1

Comments: Good Morning,

Please find a revised forms page as well as new forms per Arkansas General Codes. Please find these under the Supporting Documentation tab.

Thank you
Mellisa Anderson

SERFF Tracking Number: *AMMH-125771139* *State:* *Arkansas*
Filing Company: *American Modern Home Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *20080502-06*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0005 Other Commercial Inland Marine*
Product Name: *Forms-CPI - 2008*
Project Name/Number: *Forms-CPI - 2008/20080502-06*

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Revised Forms Page and Forms

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Mellisa Anderson

SERFF Tracking Number: AMMH-125771139 State: Arkansas
 Filing Company: American Modern Home Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: 20080502-06
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
 Product Name: Forms-CPI - 2008
 Project Name/Number: Forms-CPI - 2008/20080502-06

Amendment Letter

Amendment Date:

Submitted Date: 08/13/2008

Comments:

Please find the remaining 29 forms. (I deeply apologize, I have never forgot to attach forms before, so I am not sure how to correct it, but I think I have it now).

Thanks again

Mellisa Anderson

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Borrower's Schedule	CP-SC	01/08	Other	New				CP-SC (Rev. 01-08).pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Borrower's Certificate of Insurance	CP-CI	05/07	Certificat e	New				CP-CI (Rev. 05-07).pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
General Change Endorsement	CP-01	03/97	Endorse ment/Am endment /Conditio ns	New				CP-01 (03-97).pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Waiver of Repossession Endorsement	CP-02	05/07	Endorse ment/Am endment /Conditio ns	Replaced	CPS 14 (11/91)			CP-02 (Rev. 05-07).pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments

SERFF Tracking Number: AMMH-125771139 State: Arkansas
Filing Company: American Modern Home Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 20080502-06
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Forms-CPI - 2008
Project Name/Number: Forms-CPI - 2008/20080502-06

Name	Number	Date	Type		Form #	Filing #	Score	
Actual Cash Value Settlement Option Endorsement	CP-15	05/07	Endorse New ment/Am endment /Conditio ns					CP-15 (Rev. 05-07).pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Single Interest Deductible Endorsement	CP-16	05/07	Endorse ment/Am endment /Conditio ns	Replaced	CPS 12 (11/91)			CP-16 (Rev. 05-07).pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Borrower's Certificate of Insurance (ACV Settlement Option)	CP-CIA	05/07	Certificat e	New				CPCIA (Rev. 05-07).pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Limited Towing and Storage Endorsement	CP-20	01/04	Endorse ment/Am endment /Conditio ns	Replaced	CPS 30 (03/04)			CP-20 (01-04).pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Commercial Vehicle Coverage Endorsement	CP-CV	05/07	Endorse ment/Am endment /Conditio ns	New				CP-CV (05-07).pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments

SERFF Tracking Number: AMMH-125771139 State: Arkansas
Filing Company: American Modern Home Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 20080502-06
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Forms-CPI - 2008
Project Name/Number: Forms-CPI - 2008/20080502-06

Name	Number	Date	Type		Form #	Filing #	Score	
Pro-Rata Cancellation Endorsemen t	CP-PR	05/07	Endorse New ment/Am endment /Conditio ns					CP-PR (05-07).pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Confiscation, Conversion, and Secretion Coverage Endorsemen t	LB-03	05/07	Endorse New ment/Am endment /Conditio ns					LB-03.pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Confiscation, Conversion, and Secretion Coverage Endorsemen t	LB-33	05/07	Endorse New ment/Am endment /Conditio ns					LB-33.pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Confiscation, Conversion, and Secretion Coverage Endorsemen t	LB-53	05/07	Endorse New ment/Am endment /Conditio ns					LB-53.pdf
Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Confiscation, Conversion,	LB-73	05/07	Endorse Replaced ment/Am		CPS 5 (11/91)			LB-73.pdf

SERFF Tracking Number: AMMH-125771139 State: Arkansas
 Filing Company: American Modern Home Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: 20080502-06
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
 Product Name: Forms-CPI - 2008
 Project Name/Number: Forms-CPI - 2008/20080502-06

and
 Secretion
 Coverage
 Endorsemen
 t

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Confiscation, Conversion and Secretion Coverage Change Endorsement	LB-63	11/07	Endorsement/Amendment/Conditions	New				LB-63 (New - Skip - Change).pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Repossession Reimbursement Coverage Endorsement	LB-04	05/07	Endorsement/Amendment/Conditions	Replaced	CPS 8 (Rev. 03/04)			LB-04 (Revised - Single Interest).pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Repossession Reimbursement Coverage Endorsement	LB-54	05/07	Endorsement/Amendment/Conditions	New				LB-54 (New - Blanket).pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Mechanics Lien	LB-05	05/07	Endorsement/Amendment/Conditions	Replaced	CPS 6 (11/91)			LB-05 (Revised -

SERFF Tracking Number: AMMH-125771139 State: Arkansas

Filing Company: American Modern Home Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: 20080502-06

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: Forms-CPI - 2008

Project Name/Number: Forms-CPI - 2008/20080502-06

Reimbursement
ent
Coverage
Endorsement
t

endment
/Conditions

Single
Interest).pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Mechanics Lien Reimbursement ent Coverage Endorsement t	LB-55	05/07	Endorsement/Am endment /Conditions	New				LB-55 (New - Blanket).pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Repossession Storage Reimbursement Expense Coverage Endorsement (w/Single Interest Insurance)	LB-06	05/07	Endorsement/Am endment /Conditions	Replaced	CPS 10 (11/91)			LB-06 (Revised - Single Interest).pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Repossession Storage Reimbursement Expense Coverage Endorsement t	LB-56	05/07	Endorsement/Am endment /Conditions	New				LB-56 (New - Blanket).pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Deficit	LB-07	05/07	Endorsement	Replaced	CPS 7			LB-07

SERFF Tracking Number: AMMH-125771139 State: Arkansas
Filing Company: American Modern Home Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 20080502-06
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Forms-CPI - 2008
Project Name/Number: Forms-CPI - 2008/20080502-06

Unpaid ment/Am (11/01) (Revised -
Balance endment One
Protection /Conditio Certificate
Coverage ns without
Endorsemen Loss).pdf
t

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Deficit Unpaid Balance Protection Coverage Endorsemen t	LB-57	05/07	Endorse ment/Am endment /Conditio ns	New				LB-57 (New - Multiple Certificates without Loss).pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Deficit Unpaid Balance Protection Coverage Endorsemen t	LB-87	05/07	Endorse ment/Am endment /Conditio ns	New				LB-87 (New - One Certificate with Loss).pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Deficit Unpaid Balance Protection Coverage Endorsemen t	LB-97	05/07	Endorse ment/Am endment /Conditio ns	New				LB-97 (New - Multiple Certificates with Loss).pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Repossession Collateral	LB-08	05/07	Endorse ment/Am	Replaced	CPS 11 (11/91)			LB-08 (Revised -

SERFF Tracking Number: AMMH-125771139 State: Arkansas
 Filing Company: American Modern Home Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: 20080502-06
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
 Product Name: Forms-CPI - 2008
 Project Name/Number: Forms-CPI - 2008/20080502-06

Coverage endment Blanket).pdf
 Endorsemen /Conditio
 t ns

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Instrument Non-Filing Errors and Omissions Coverage Endorsement	LB-12	05/07	Endorsement/Amendment/Conditions	Replaced	CPS NF (07/93)			LB-12 (Revised).pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Loss Payee Protection Endorsement	LB-14	01/04	Endorsement/Amendment/Conditions	Replaced	CPS 31 (03/04)			LB 14.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Loan Balance Protection Endorsement	LB-15	01/04	Endorsement/Amendment/Conditions	Replaced	CPS 32 (03/04)			LB 15.pdf

SERFF Tracking Number: AMMH-125771139 State: Arkansas
 Filing Company: American Modern Home Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: 20080502-06
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
 Product Name: Forms-CPI - 2008
 Project Name/Number: Forms-CPI - 2008/20080502-06

Amendment Letter

Amendment Date:

Submitted Date: 08/13/2008

Comments:

Good Morning Llyweyia Rawlins,

Please find the attached 34 forms available now. I apologize I must have forgot to attach them after completing each tab. i am sorry.

If you have any questions please do not hesitate to contact me.

Thank you

Mellisa Anderson

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Master Policy Declarations	CP-DC	05/07	Declarati ons/Schedule	Replaced	CPS 1-M (11/91)			CP DC (Rev. 05-07).pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
All Risk Physical Damage Master Policy	CP-MP	05/07	Policy/Coverage Form	Replaced	CPS 1-M (11/91)			CP-MP (Rev. 05-07).pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Lender Coverages Policy Declarations	LB-DC	05/07	Declarati ons/Schedule	New				LBDC (Revised).pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Lender	LB-MP	05/07	Policy/Coverage	Replaced	CPS 1-M			LB-MP

SERFF Tracking Number: AMMH-125771139 State: Arkansas

Filing Company: American Modern Home Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: 20080502-06

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: Forms-CPI - 2008

Project Name/Number: Forms-CPI - 2008/20080502-06

Coverages overage (11/91) (Revised).pdf

Policy Form Form

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Eligible Collateral Endorsement	CP-13	03/97	Endorse New ment/Am endment /Conditio ns					CP-13 (Rev. 05-07).pdf

SERFF Tracking Number: AMMH-125771139

State: Arkansas

Filing Company: American Modern Home Insurance Company

State Tracking Number: EFT \$50

Company Tracking Number: 20080502-06

TOI: 09.0 Inland Marine

Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: Forms-CPI - 2008

Project Name/Number: Forms-CPI - 2008/20080502-06

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Master Policy Declarations	CP-DC	05/07	Declaration	Replaced s/Schedule	Replaced Form #: CPS 1-M (11/91) Previous Filing #:		CP DC (Rev. 05-07).pdf
Approved	All Risk Physical Damage Master Policy	CP-MP	05/07	Policy/Cove	Replaced range Form	Replaced Form #: CPS 1-M (11/91) Previous Filing #:		CP-MP (Rev. 05-07).pdf
Approved	Lender Coverages Policy Declarations	LB-DC	05/07	Declaration	New s/Schedule			LBDC (Revised).pdf
Approved	Lender Coverages Policy Form	LB-MP	05/07	Policy/Cove	Replaced range Form	Replaced Form #: CPS 1-M (11/91) Previous Filing #:		LB-MP (Revised).pdf
Approved	Eligible Collateral Endorsement	CP-13	03/97	Endorseme	New nt/Amendm ent/Condi ti ons			CP-13 (Rev. 05-07).pdf
Approved	Borrower's Schedule	CP-SC	01/08	Other	New			CP-SC (Rev. 01-08).pdf
Approved	Borrower's Certificate of Insurance	CP-CI	05/07	Certificate	New			CP-CI (Rev. 05-07).pdf
Approved	General Change Endorsement	CP-01	03/97	Endorseme	New nt/Amendm ent/Condi ti ons			CP-01 (03-97).pdf
Approved	Waiver of Repossession Endorsement	CP-02	05/07	Endorseme	Replaced nt/Amendm ent/Condi ti ons	Replaced Form #: CPS 14 (11/91) Previous Filing #:		CP-02 (Rev. 05-07).pdf
Approved	Actual Cash Value Settlement Option Endorsement	CP-15	05/07	Endorseme	New nt/Amendm ent/Condi ti ons			CP-15 (Rev. 05-07).pdf

SERFF Tracking Number: AMMH-125771139 State: Arkansas
Filing Company: American Modern Home Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 20080502-06
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Forms-CPI - 2008
Project Name/Number: Forms-CPI - 2008/20080502-06

Approved	Single Interest Deductible Endorsement	CP-16	05/07	Endorsement/Amendment/Conditions	Replaced Form #: CPS 12 (11/91) Previous Filing #:	CP-16 (Rev. 05-07).pdf
Approved	Borrower's Certificate of Insurance (ACV Settlement Option)	CP-CIA	05/07	Certificate New		CPCIA (Rev. 05-07).pdf
Approved	Limited Towing and Storage Endorsement	CP-20	01/04	Endorsement/Amendment/Conditions	Replaced Form #: CPS 30 (03/04) Previous Filing #:	CP-20 (01-04).pdf
Approved	Commercial Vehicle Coverage Endorsement	CP-CV	05/07	Endorsement/Amendment/Conditions		CP-CV (05-07).pdf
Approved	Pro-Rata Cancellation Endorsement	CP-PR	05/07	Endorsement/Amendment/Conditions		CP-PR (05-07).pdf
Approved	Confiscation, Conversion, and Secretion Coverage Endorsement	LB-03	05/07	Endorsement/Amendment/Conditions		LB-03.pdf
Approved	Confiscation, Conversion, and Secretion Coverage Endorsement	LB-33	05/07	Endorsement/Amendment/Conditions		LB-33.pdf
Approved	Confiscation, Conversion, and Secretion Coverage Endorsement	LB-53	05/07	Endorsement/Amendment/Conditions		LB-53.pdf
Approved	Confiscation, Conversion, and	LB-73	05/07	Endorsement/Amendment	Replaced Form #: CPS 5 (11/91)	LB-73.pdf

SERFF Tracking Number: AMMH-125771139 State: Arkansas
Filing Company: American Modern Home Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 20080502-06
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Forms-CPI - 2008
Project Name/Number: Forms-CPI - 2008/20080502-06

	Secretion Coverage Endorsement			ent/Condi ons	Previous Filing #:	
Approved	Confiscation, Conversion and Secretion Coverage Change Endorsement	LB-63	11/07	Endorseme New nt/Amendm ent/Condi ons		LB-63 (New - Skip - Change).pdf
Approved	Repossession Reimbursement Coverage Endorsement	LB-04	05/07	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #: CPS 8 (Rev. 03/04) Previous Filing #:	LB-04 (Revised - Single Interest).pdf
Approved	Repossession Reimbursement Coverage Endorsement	LB-54	05/07	Endorseme New nt/Amendm ent/Condi ons		LB-54 (New - Blanket).pdf
Approved	Mechanics Lien Reimbursement Coverage Endorsement	LB-05	05/07	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #: CPS 6 (11/91) Previous Filing #:	LB-05 (Revised - Single Interest).pdf
Approved	Mechanics Lien Reimbursement Coverage Endorsement	LB-55	05/07	Endorseme New nt/Amendm ent/Condi ons		LB-55 (New - Blanket).pdf
Approved	Repossession Storage Reimbursement Expense Coverage Endorsement (w/Single Interest Insurance)	LB-06	05/07	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #: CPS 10 (11/91) Previous Filing #:	LB-06 (Revised - Single Interest).pdf
Approved	Repossession Storage Reimbursement Expense Coverage	LB-56	05/07	Endorseme New nt/Amendm ent/Condi ons		LB-56 (New - Blanket).pdf

SERFF Tracking Number: AMMH-125771139 State: Arkansas
Filing Company: American Modern Home Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 20080502-06
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Forms-CPI - 2008
Project Name/Number: Forms-CPI - 2008/20080502-06

Endorsement

Approved	Deficit Unpaid Balance Protection Coverage Endorsement	LB-07	05/07	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #: CPS 7 (11/01) Previous Filing #:	LB-07 (Revised - One Certificate without Loss).pdf
Approved	Deficit Unpaid Balance Protection Coverage Endorsement	LB-57	05/07	Endorseme New nt/Amendm ent/Condi ons		LB-57 (New - Multiple Certificates without Loss).pdf
Approved	Deficit Unpaid Balance Protection Coverage Endorsement	LB-87	05/07	Endorseme New nt/Amendm ent/Condi ons		LB-87 (New - One Certificate with Loss).pdf
Approved	Deficit Unpaid Balance Protection Coverage Endorsement	LB-97	05/07	Endorseme New nt/Amendm ent/Condi ons		LB-97 (New - Multiple Certificates with Loss).pdf
Approved	Repossessed Collateral Coverage Endorsement	LB-08	05/07	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #: CPS 11 (11/91) Previous Filing #:	LB-08 (Revised - Blanket).pdf
Approved	Instrument Non- Filing Errors and Omissions Coverage Endorsement	LB-12	05/07	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #: CPS NF (07/93) Previous Filing #:	LB-12 (Revised).pd f
Approved	Loss Payee Protection Endorsement	LB-14	01/04	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #: CPS 31 (03/04) Previous Filing #:	LB 14.pdf
Approved	Loan Balance Protection Endorsement	LB-15	01/04	Endorseme Replaced nt/Amendm ent/Condi	Replaced Form #: CPS 32 (03/04) Previous Filing #:	LB 15.pdf

<i>SERFF Tracking Number:</i>	<i>AMMH-125771139</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Modern Home Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>20080502-06</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Forms-CPI - 2008</i>		
<i>Project Name/Number:</i>	<i>Forms-CPI - 2008/20080502-06</i>		

ons

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

MASTER POLICY DECLARATIONS

MASTER POLICY NO. _____

AGENT:

Street:

City, State, Zip:

ITEM 1 NAMED INSURED:

Street:

City, State, Zip:

ITEM 2 MASTER POLICY PERIOD _____ 12:01 a.m. standard time at the
address of the named insured and continuing until canceled.

ITEM 3 ALL RISK PHYSICAL DAMAGE COVERAGES

SECTION II - COVERAGE A subject to all terms of this Master Policy.

SECTION III - COVERAGE B subject to all terms of this Master Policy.

ITEM 4 ALL RISK PHYSICAL DAMAGE PREMIUM

Premiums are shown on the individual Certificates.

ITEM 5 SCHEDULE OF ELIGIBLE COLLATERAL and LIMIT OF LIABILITY - SEE ELIGIBLE
COLLATERAL ENDORSEMENT #CP-13 (Rev. 05/07)

Types of collateral not listed on the Eligible Collateral Endorsement or collateral on loans
which exceed the Maximum Loan Terms or Limit of Liability shown on the Eligible Collateral
Endorsement are not eligible for coverage.

Only collateral in which the named insured has a legal interest under a security agreement
shall be eligible for coverage.

ITEM 6 ENDORSEMENTS applicable to this Master Policy:

THIS MASTER POLICY DOES NOT PROVIDE BODILY INJURY OR PROPERTY DAMAGE LIABILITY
INSURANCE AND IT DOES NOT COMPLY WITH THE FINANCIAL RESPONSIBILITY LAW OF ANY
STATE. THIS MASTER POLICY DOES NOT PROVIDE "NO FAULT" INSURANCE.

COVERAGE UNDER THIS MASTER POLICY PROTECTS THE INTEREST OF THE INSURED ONLY
AND DOES NOT PROTECT THE INTEREST OR EQUITY OF THE BORROWER UNLESS
ENDORSEMENT #CP-02 (Rev. 05/07) IS SHOWN IN ITEM 6 ABOVE.

Any person who knowingly and with intent to defraud any insurance company or other person files an
application for insurance or statement of claim containing any materially false information or conceals for
the purpose of misleading, information concerning any fact material thereto commits a fraudulent
insurance act, which is a crime and subject such person to criminal and civil penalties.

Authorized Representative

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM ALL RISK PHYSICAL DAMAGE MASTER POLICY

SECTION I - DEFINITIONS

"**You**", "**your**", and "**insured**" mean the lender, person, or company shown as the NAMED INSURED in ITEM 1 of the Declarations.

"**We**", "**us**" and "**our**" mean the Company providing this insurance.

"**Borrower**" means the maker, co-maker, or obligee of the **security agreement**.

"**Security Agreement**" means any valid and enforceable lien instrument evidencing an indebtedness to the Named Insured by the **borrower** and shall include conditional sales contracts, lease agreements and chattel mortgages.

"**Eligible Collateral**" means only the **collateral** shown on the Eligible **Collateral** Endorsement #CP-13 (Rev. 05/07)

"**Collateral**" means only **eligible collateral** which is described in the individual Certificate.

"**Vehicle**" means a four wheeled land motor vehicle of the private passenger type including walk-in type vans and pick-up trucks with a load capacity of no more than 10,000 pounds which have been licensed for road use through the Motor Vehicle Commissioner.

"**Actual Cash Value**" means the cost to replace the collateral less depreciation.

SECTION II - COVERAGE A

In consideration of the premium paid and subject to all of the terms and conditions of the Policy, **we** agree with **you** as follows:

ALL RISK COVERAGE - This Policy insures against all risks of direct and accidental loss to the **collateral**, except as specifically excluded in this Policy.

COVERAGE A - EXCLUSIONS

A. **We** will not pay for:

1. Loss caused by declared or undeclared war, insurrection, or any of their consequences.
2. Loss caused by riot or civil commotion.
3. Loss due and confined to wear, tear, freezing, mechanical or electrical breakdown or failure.
4. Loss caused by nuclear or atomic energy of any form.
5. Loss caused by radioactive contamination.

6. Any loss which occurs outside of the Coverage Dates of this Policy.
7. Loss to any **collateral** on which **you** have elected to waive proof of insurance from your **borrower**.
8. The additional cost of repair or replacement of the following, unless it is permanently installed by the manufacturer or dealer as of the date of the **security agreement**.
 - a). Customized paint or finishing.
 - b). Additional equipment.
 - c). Structural or body changes.
9. Loss to tapes, compact discs, cassettes, cartridges, or other sound reproducing devices designed for use with sound reproducing equipment.
10. Loss to the following equipment or other sound reproducing devices, unless it is permanently installed by the manufacturer or dealer as of the date of the **security agreement**.
 - a). Tape players and/or compact disc players;
 - b). Citizen's band radio;
 - c). Two-way mobile radio;
 - d). Telephone;
 - e). Scanning monitor receiver;
 - f). Including speakers, antennas and other accessories;
 - g). DVD players, GPS Systems, and Radar Devices.
11. Loss to **eligible collateral** held as **collateral** under any floor plan or field warehouse type of financing.
12. Loss due to the following:
 - a). Confiscation of the **collateral** by Governmental or Civil Authorities; and
 - b). Conversion, or secretion by any person in lawful possession of the **collateral** under a lease agreement, conditional sales contract, mortgage or other encumbrance.
13. Loss due to blowouts, punctures or other road damage to tires unless caused by a peril covered by this Policy.
14. Loss while the **collateral** is used in any illegal activity.
15. Loss to any **collateral** that is a semi-tractor, tractor trailer, or a vehicle that has 3 or more axles.
16. Loss to any **collateral** used in a formal or informal racing or sporting event.
17. Loss arising from any lien, encumbrance or defect in title which existed at the time the loan was made by **you**; or **your** failure to make the necessary filing to perfect and establish the priority of **your security agreement**.
18. Loss resulting directly or indirectly from any dishonest, fraudulent, or criminal act by **you**, **your** officers or employees, **your borrower**, or any dealer or originator from whom **you** may acquire the **security agreement**.
19. Loss resulting from any outstanding loan balance which is in excess of the liability limit shown in ITEM 5 of the Declarations.
20. Coverage is not provided under this Master Policy to Aircraft which are in motion.

- B. This Policy does not grant coverage for the benefit of any person or organization holding, storing, or transporting the **collateral** for a fee.

COVERAGE A - COMPANY LIABILITY

- A. **We** may pay for a covered loss in money, or **we** may repair or replace the damaged or stolen **collateral**. **We** may keep all or part of the **collateral** at an agreed or appraised value, but **you** cannot abandon the **collateral** to **us** without **our** agreement.
- B. This is a limited physical damage Policy. The most **we** will pay for a covered loss is the smallest of the following amounts after deduction of any compensation for the loss paid to **you** by a third party:
1. The amount necessary to repair or replace the damaged or stolen **collateral**.
 2. Net Unpaid Loan Balance. The net unpaid loan balance shall be the remaining balance due **you**, as represented by the **borrower's** unpaid balance less:
 - a). Unearned finance or interest charges, computed in accordance with the terms of the **security agreement**.
 - b). Net salvage value.
 - c). Collection expenses, late charges, or other charges added after the inception of loan.
 - d). Unearned insurance premiums under this coverage.
 - e). Unearned credit insurance premiums and warranty charges.
 - f). Payments more than 120 days past due.
 3. The liability limit shown in ITEM 5 of the Declarations.
 4. When a covered loss is the result of more than one occurrence each loss shall be adjusted separately and be subject to a separate deductible. In the event of a repossession, one deductible shall apply to a covered loss.
 5. The balance used to calculate the premium shown in ITEM 3. of the Borrower's Schedule.
- C. 1. **Actual Cash Value** as a settlement option will be used when the loan is partially secured by signature or **collateral** not insurable under this Policy.
2. **Actual Cash Value** will also apply under this section when the amount you loaned on the **collateral** exceeds the purchase price on the new **collateral** or the retail value on the used **collateral**, as determined by the vehicle pricing guide commonly in use by lenders in the state in which the loan is made.
3. If two or more pieces of **collateral** are covered under the same Certificate, **we** will not pay more than the following proportionate part of the total unpaid balance:
- That proportion which the original **Actual Cash Value** of the damaged **collateral**, as of the date of the **security agreement**, bears to the total cash value of all described **collateral** as of the date of the **security agreement**.
- D. If other **collateral**, not covered under the Policy secures the loan, **we** will not pay more than the following proportionate part of the net unpaid loan balance:

$$\frac{A}{B} \times C = \text{limit of liability}$$

Where

- A = Value of the insured **collateral** as shown in the individual Certificate as determined by the appropriate NADA value guide.
- B = Net unpaid loan balance on date of issuance of the individual certificate.
- C = Net unpaid loan balance on date of loss.

COVERAGE A - THEFT CONDITION

THEFT

If a theft occurs, a police report must be filed and a copy provided to **us**.

Upon the settlement of a total theft claim, **you** will assign to **us**:

- A. The title; and
- B. **Your** interest.

You shall also agree to assist **us** in any prosecution or subrogation resulting from theft of the **collateral**.

SECTION III - COVERAGE B

- A. In consideration of the premium paid by **you** and the specific coverage displayed on the Declarations page, the following coverages may be provided for **your** interest only:
1. Under Endorsement #CP-02 (Rev. 05/07) - Waiver of Repossession Requirement
 2. Under Endorsement #CP-15 (Rev. 05/07) - **Actual Cash Value** Settlement Option
 3. Under Endorsement #CP-20 (01/04) – Limited Towing and Storage

SECTION IV - COVERAGE A & B

COVERAGE A & B - CONDITIONS

A. CERTIFICATE COVERAGE PERIOD, TERRITORY, PURPOSE OF USE

We cover losses which occur during the Certificate term:

1. To insured **collateral** within the territory of any country in the world, excluding the Republic of Mexico, which has an established international agreement with the United States covering the recovery of any **collateral** from their country. Coverage is extended provided the place of residence of the **borrower** was established within the United States at the inception of the **Security Agreement** and the **collateral** is principally located and used within the United States. Any loss occurring outside the United States shall be subject to the Company Liability section of this Policy.
2. While the **collateral** is being transported anywhere in the world except the Republic of Mexico.
3. To **collateral** within the Republic of Mexico provided the place of residence of the **borrower** was established within the United States at the inception of the **Security Agreement** and the **collateral** is principally located and used within the United States. In the event of a loss of or damage to **collateral** while in Mexican territory, the

adjustment of the claim for such loss shall be at the nearest point in the United States where such adjustment can be made. The cost of towing, transporting, salvage, or storage of any **collateral** within Mexican territory shall not be paid by **us** and is not a peril insured by this Policy.

B. CONDITIONS PRECEDENT TO LIABILITY

Our liability under this Policy shall not attach unless and until the following conditions exist or have been performed by **you**:

1. **You** must:
 - a). Protect the covered **collateral** from further loss;
 - b). Notify **us** immediately upon **your** knowledge of the loss, and no more than 30 days from the date of repossession;
 - c). Immediately notify the police in the event of loss;
 - d). Submit a proof of loss when required by **us**;
 - e). Permit **us** to inspect and appraise the damaged **collateral** before its repair or disposal; and
 - f). Cooperate with **us** in the investigation, settlement or defense of any claim or suit.
2. The **borrower** has defaulted in payment and/or abandoned the **collateral**.
3. **You** have repossessed the **collateral** or the **borrower** has surrendered the **collateral** and title to **you**, and such repossession attempt was officially initiated before the account becomes 120 days delinquent; except in the event the **collateral** is stolen from the **borrower** and unrecovered, as evidenced by a police report; and
4. **Your** interest is impaired because of a covered loss.

C. DATE OF LOSS

The Date of Loss shall be the date on which the actual physical loss or damage occurred to the **collateral** insured hereunder. If such date is undeterminable the Date of Loss shall be the date the **collateral** is repossessed.

D. OTHER INSURANCE

A Certificate is issued hereunder this Policy because **you** have not received the required evidence that other insurance exists. If at the time of loss, **you** or the **borrower** have other insurance which benefits **you** or the **borrower**, this Policy shall not contribute to the payment of any loss. This will apply whether or not such coverage is collectible.

Upon receipt of such evidence by **you**, **you** shall immediately notify **us** and request that coverage be terminated. In any event, coverage under the Certificate is terminated as of the effective date of the other insurance and unearned premium shall be computed in accordance with CONDITION M - PREMIUM REFUNDS.

E. OUR RIGHT TO RECOVER PAYMENT

If **we** make any payment and **you** have the right to recover damages from another, **we** shall be subrogated to that right. **You** shall do whatever is necessary to enable **us** to secure this right. **You** must do nothing to harm this right. **We** waive **our** right to recover from any **borrower** to whom this Policy applies, except in the event of willful or deliberate damage by the **borrower** or where the **borrower** has a source of compensation for the loss from any other source.

F. PAYMENT FOR LOSS

You may not require payment for loss from **us** or bring an action against **us** until:

- A. All the terms and conditions of this Policy have been met; and
- B. 60 days have passed since proof of this loss was filed and the amount of loss determined.

G. ACTION AGAINST **US**

No action shall be brought unless there has been compliance with the Policy provisions and the action is started within one year after the date of loss.

H. LIMITATION OF TRANSFER OR RENEWABILITY

- 1. Coverage provided under a Certificate is not transferable to any other **collateral**.
- 2. The Certificate is not renewable:
 - (a) Beyond the term of the **security agreement** to which this coverage is attached; or
 - (b) Beyond the time **you** cease to have an insurable interest in the **collateral**.

I. CERTIFICATE

We may furnish the **borrower** with an individual Certificate. Each Certificate shall set forth to **you** and the **borrower** the nature of the coverage provided and the premium charged.

J. PREMIUM

The premium charge on each Certificate shall be determined from the rate charts and/or rating schedule in use on the date the Certificate is issued.

We may revise the rate charts and/or rating schedules at any time upon approval, where required, by the Department of Insurance in the state in which this Policy is issued.

K. EXAMINATION OF RECORDS

We shall have access to **your** books and records at all reasonable times. Any evasion or attempted evasion by **you** in connection with reports, payments of premium or any matter relating to this insurance shall void this Policy.

L. CANCELLATION

A. This Policy may be cancelled during the Policy period as follows:

- 1). **You** may cancel the Policy by giving **us** advance notice at least 30 days prior to the date cancellation is to take effect; or
- 2). **We** may cancel this Policy by mailing notice to **you** via First Class Mail at the address shown in the Declarations:
 - (a) At least 10 days notice if cancellation is for nonpayment of premium; or
 - (b) At least 30 days notice in all other cases.

Cancellation of this Policy by either **you** or **us** will not affect the Certificates issued under this Policy. The Certificates shall remain in force until expiration unless sooner cancelled.

B. The individual Certificate may be cancelled as follows:

- 1). **You** may cancel a Certificate by giving **us** and the **borrower** written notice stating when cancellation is to take effect.
- 2). **We** may cancel by mailing to **you** at the address shown in the Declarations and to the **borrower**,
 - (a) At least 10 days notice if cancellation is for nonpayment of premium; or
 - (b) At least 30 days notice in all other cases.
- 3). The **borrower** may cancel by first obtaining **your** written consent and giving **us** written notice stating when thereafter cancellation shall take effect.

SPECIAL CONDITION: Any individual Certificate under this Policy shall immediately terminate, upon;

- 1). Payment in full of the obligation assumed under the **security agreement**.
- 2). Sale, trade, transfer, abandonment or repossession of the **collateral**.
- 3). Payment of the maximum company liability under the Certificate.

M. PREMIUM REFUNDS

- A. When **you** request Certificate cancellation, the return premium will be based on the Short – Rate Cancellation Method, except
 1. In the event you cancel the Certificate within the first 30 days of coverage, no loss having occurred, the return premium will be based on the Short-Rate Cancellation method subject to a minimum premium of \$25.00 and a maximum premium of \$50.00.
 2. In the event of repossession, unearned premium shall be computed pro-rata.
- B. When **we** cancel a Certificate, the return premium will be based on the Pro-Rata Cancellation Method.

N. TERMS OF POLICY CONFORMED TO STATUTE

Terms of this Policy which are in conflict with the statutes of the State wherein this Policy is issued are hereby amended to conform to such statutes.

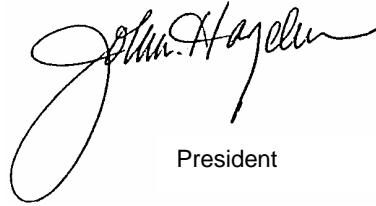
O. CHANGES

This Policy contains all the agreements between **you** and **us**. It's terms may not be changed or waived except by written endorsement issued by **us**.

In Witness Whereof, the Company designated on the Declarations has caused this Policy to be signed by its President and Secretary.

A handwritten signature in black ink, appearing to read "Michael I. Brown". The signature is fluid and cursive, with a long horizontal stroke at the end.

Secretary

A handwritten signature in black ink, appearing to read "John Hayden". The signature is cursive, with a large, looping initial "J" and a long horizontal stroke at the end.

President

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

LENDER COVERAGES POLICY DECLARATIONS

POLICY NO. _____

Agent:

Street:

City, State, Zip:

ITEM 1 NAMED INSURED:

Street:

City, State, Zip:

ITEM 2 POLICY PERIOD _____ 12:01 a.m. standard time at the address of the
named insured and continuing until _____.

ITEM 3 COVERAGES PROVIDED: The insurance under this Policy applies only to the coverage(s)
where a rate appears.

<u>Coverage Description</u>	<u>Premium Charged Per Loan With Single Interest Insurance</u>	<u>Premium Charged Per \$100,000 of Outstanding Eligible Loans</u>	<u>Limit of Liability</u>
Confiscation, Conversion, and Secretion – Broad Form			\$
Confiscation, Conversion, and Secretion – Standard Form			\$
Deficit Unpaid Balance Protection – One Certificate without Loss		N/A	\$
Deficit Unpaid Balance Protection – Multiple Certificates without Loss		N/A	\$
Deficit Unpaid Balance Protection – One Certificate with Loss		N/A	\$
Deficit Unpaid Balance Protection – Multiple Certificates with Loss		N/A	\$
Instrument Non-Filing Errors and Omissions	N/A		\$
Loan Balance Protection	N/A		\$
Loss Payee Protection	N/A		\$
Mechanics Lien Reimbursement			See Endorsement
Repossessed Collateral	N/A		See Endorsement
Repossession Reimbursement			See Endorsement
Repossession Storage Reimbursement			See Endorsement

N/A - Not Available

ITEM 4 SCHEDULE OF ELIGIBLE COLLATERAL - SEE ELIGIBLE COLLATERAL ENDORSEMENT
#CP-13 (Rev.05/07)

Types of collateral not listed on the Eligible Collateral Endorsement are not eligible for coverage. Only collateral in which the named insured has a legal interest under a security agreement shall be eligible for coverage.

ITEM 5 ENDORSEMENTS applicable to this Policy:

Under the Lender Coverages Policy, premium is earned when written.

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM LENDER COVERAGES POLICY FORM

SECTION I - DEFINITIONS

"You", "your", and "insured" mean the lender, person, or company shown as the NAMED INSURED in ITEM 1 of the Declarations.

"We, "us" and "our" mean the Company providing this insurance.

"Borrower" means the maker, co-maker, or obligee of the **security agreement**.

"Security Agreement" means any valid and enforceable lien instrument evidencing an indebtedness to the Named Insured by the **borrower** and shall include conditional sales contracts, lease agreements and chattel mortgages.

"Eligible Collateral" means only the **collateral** shown on the Eligible **Collateral** Endorsement, Endorsement #CP-13 (Rev. 05/07).

"Collateral" means only **collateral** shown as ELIGIBLE **COLLATERAL** in ITEM 4 of the Declarations.

"Single Interest Insurance" means a **collateral** protection single interest insurance as represented by a physical damage certificate of insurance.

"Actual Cash Value" means the cost to replace the collateral less depreciation.

SECTION II - INSURING AGREEMENTS

- A. If a premium is charged and the specific coverage is displayed on the Declarations page, the following coverages may be provided for your interest only:

With Single Interest Insurance

Under Endorsement #LB-04 (Rev. 05/07)	- Repossession Reimbursement Coverage
Under Endorsement #LB-05 (Rev. 05/07)	- Mechanics Lien Reimbursement Coverage
Under Endorsement #LB-06 (Rev. 05/07)	- Repossession Storage Reimbursement Coverage
Under Endorsement #LB-07 (Rev. 05/07)	- Deficit Unpaid Balance Protection – One Certificate
Under Endorsement #LB-33 (05/07)	- Confiscation, Conversion, and Secretion – Broad Form
Under Endorsement #LB-57 (05/07)	- Deficit Unpaid Balance Protection – Multiple Certificates
Under Endorsement #LB-73 (05/07)	- Confiscation, Conversion, and Secretion – Standard Form
Under Endorsement #LB-63 (11/07)	- Confiscation, Conversion, and Secretion Coverage Change

Per Outstanding Eligible Loans

Under Endorsement #LB-03 (Rev. 05/07)	- Confiscation, Conversion, and Secretion – Broad Form
Under Endorsement #LB-08 (Rev. 05/07)	- Repossession Collateral Coverage
Under Endorsement #LB-12 (Rev. 05/07)	- Instrument Non-Filing Errors and Omissions Coverage
Under Endorsement #LB-53 (05/07)	- Confiscation, Conversion, and Secretion – Standard Form
Under Endorsement #LB-54 (05/07)	- Repossession Reimbursement Coverage
Under Endorsement #LB-55 (05/07)	- Mechanics Lien Reimbursement Coverage
Under Endorsement #LB-56 (05/07)	- Repossession Storage Reimbursement Coverage
Under Endorsement #LB-14 (Rev. 05/07)	- Loss Payee Protection Coverage
Under Endorsement #LB-15 (Rev. 05/07)	- Loan Balance Protection Coverage
Under Endorsement #LB-63 (11/07)	- Confiscation, Conversion, and Secretion Coverage Change

SECTION III - EXCLUSIONSA. **We** will not pay for:

1. Loss caused by declared or undeclared war, insurrection, or any of their consequences.
2. Loss caused by riot or civil commotion.
3. Loss due and confined to wear, tear, freezing, mechanical or electrical breakdown or failure.
4. Loss caused by nuclear or atomic energy of any form.
5. Loss caused by radioactive contamination.
6. Any loss which occurs outside of the Policy Period displayed on the Declarations page.
7. Loss to any **collateral** on which **you** have elected to waive proof of insurance from your **borrower**.
8. The additional cost of repair or replacement of the following, unless it is permanently installed by the manufacturer or dealer as of the date of the **security agreement**.
 - a). Customized paint or finishing.
 - b). Additional equipment.
 - c). Structural or body changes.
9. Loss to tapes, compact discs, cassettes, cartridges, or other sound reproducing devices designed for use with sound reproducing equipment.
10. Loss to the following equipment or other sound reproducing devices, unless it is permanently installed by the manufacturer or dealer as of the date of the **security agreement**.
 - a). Tape players and/or compact disc players;
 - b). Citizen's band radio;
 - c). Two-way mobile radio;
 - d). Telephone;
 - e). Scanning monitor receiver;
 - f). Including speakers, antennas and other accessories.
11. Loss to **eligible collateral** held as **collateral** under any floor plan or field warehouse type of financing.
12. Loss due to the following:
 - a). Confiscation of the **collateral** by Governmental or Civil Authorities; and
 - b). Conversion, or secretion by any person in lawful possession of the **collateral** under a lease agreement, conditional sales contract, mortgage or other encumbrance;

Except as maybe provided under Endorsements #LB-03 (Rev. 05/07), #LB-33 (05/07), #LB-53 (05/07), and # LB-73 (05/07) when a premium has been charged on the Declarations of this Policy.

13. Loss while the **collateral** is used in any illegal activity.

- 14 Loss to any **collateral** that is used for hire, public transportation, formal or informal racing or sporting events.
- 15 Loss arising from any lien, encumbrance or defect in title which existed at the time the loan was made by **you**; or **your** failure to make the necessary filing to perfect and establish the priority of **your security agreement**.

Except as maybe provided under Endorsement #LB-12 (Rev. 05/07), when a premium has been charged on the Declarations of this Policy.

- B. This Policy does not grant coverage for the benefit of any person or organization holding, storing, or transporting the **collateral** for a fee.

SECTION IV - COMPANY LIABILITY

- A. **We** may pay for a covered loss in money, or **we** may repair or replace the damaged or stolen **collateral**. **We** may keep all or part of the **collateral** at an agreed or appraised value, but **you** can not abandon the **collateral** to **us** without **our** agreement.
- B. The most **we** will pay for a covered loss is the smallest of the following amounts after deduction of any compensation for the loss paid to **you** by a third party:
 1. The amount necessary to repair or replace the damaged or stolen **collateral**.
 2. The actual cash value of the damaged or stolen **collateral** at the time of loss less net salvage value.
 3. The amount of any impairment of **your** interest as represented by your **borrower's** net unpaid loan balance. The net unpaid loan balance shall be the remaining balance due **you**, as represented by the **Borrower's** unpaid balance less:
 - a). Unearned finance or interest charges, computed in accordance with the terms of the **security agreement**.
 - b). Net salvage value.
 - c). Collection expenses, late charges, or other charges added after the inception of loan.
 - d). Unearned insurance premiums under this coverage.
 - e). Unearned credit insurance premiums and warranty charges.
 - f). Payments more than 90 days past due.
 4. The liability limit shown in ITEM 6 of the Declarations.
 5. When a covered loss is the result of more than one occurrence each loss shall be adjusted separately and be subject to a separate deductible.
- C.
 1. Actual Cash Value as a settlement option is used when the loan is partially secured by signature or **collateral** not insurable under this Policy.
 2. **Actual Cash Value** will also apply under this section when the amount you loaned on the **collateral** exceeds the purchase price on the new **collateral** or the retail value on the used **collateral**, as determined by the vehicle pricing guide commonly in use by lenders in the state in which the loan is made.

3. If two or more pieces of **collateral** are covered under the same loan, **we** will not pay more than the following proportionate part of the total unpaid balance:

That proportion which the original Actual Cash Value of the damaged **collateral**, as of the date of the **security agreement**, bears to the total cash value of all described **collateral** as of the date of the **security agreement**.

- D. If other **collateral**, not covered under the Policy secures the loan, **we** will not pay more than the following proportionate part of the net unpaid loan balance:

$$\frac{A}{B} \times C = \text{limit of liability}$$

Where

A = Value of the insured **collateral** as determined by the appropriate NADA value guide.

B = Net unpaid loan balance on the date of commencement of the loan.

C = Net unpaid loan balance on date of loss.

SECTION V - CONDITIONS

A. COVERAGE PERIOD, TERRITORY, PURPOSE OF USE

We cover losses which occur during the Policy term:

1. To insured **collateral** within the territory of any country in the world, excluding the Republic of Mexico, which has an established international agreement with the United States covering the recovery of any **collateral** from their country. Coverage is extended provided the place of residence of the **borrower** was established within the United States at the inception of the **Security Agreement** and the **collateral** is principally located and used within the United States. Any loss occurring outside the United States shall be subject to the Company Liability section of this Policy.
2. While the **collateral** is being transported anywhere in the world except the Republic of Mexico.
3. To **collateral** within the Republic of Mexico provided the place of residence of the **borrower** was established within the United States at the inception of the **Security Agreement** and the **collateral** is principally located and used within the United States. In the event of a loss of or damage to **collateral** while in Mexican territory, the adjustment of the claim for such loss shall be at the nearest point in the United States where such adjustment can be made. The cost of towing, transporting, salvage, or storage of any **collateral** within Mexican territory shall not be paid by **us** and is not a peril insured by this Policy.

B. CONDITIONS PRECEDENT TO LIABILITY

Our liability under this Policy shall not attach unless and until the following conditions exist or have been performed by **you**:

1. **You** must:
 - a). Protect the covered **collateral** from further loss;
 - b). Notify **us** immediately upon **your** knowledge of the loss, and no more than 90 days from the date of repossession;

- c). Submit a proof of loss when required by **us**;

- d). Permit **us** to inspect and appraise the damaged **collateral** before its repair or disposal; and
 - e). Cooperate with **us** in the investigation, settlement or defense of any claim or suit.
- 2. The **borrower** has defaulted in payment and/or abandoned the **collateral**.
 - 3. **You** have repossessed the **collateral** or the **borrower** has surrendered the **collateral** and title to **you**, and such repossession attempt was officially initiated before the account becomes 120 days delinquent; and
 - 4. **Your** interest is impaired because of a covered loss.

C. DATE OF LOSS

The Date of Loss shall be the date on which the actual physical loss or damage occurred to the **collateral** insured hereunder. If such date is undeterminable the Date of Loss shall be the date the **collateral** is repossessed. Under any endorsement providing coverage for Confiscation, Conversion, and Secretion, the Date of Loss will be the date of first delinquency.

D. OUR RIGHT TO RECOVER PAYMENT

If **we** make any payment and **you** have the right to recover damages from another, **we** shall be subrogated to that right. **You** shall do whatever is necessary to enable **us** to secure this right. **You** must do nothing to harm this right.

We waive **our** right to recover from any **borrower** to whom this Policy applies, except in the event of willful or deliberate damage by the **borrower** or where the **borrower** has a source of compensation for the loss from any other source.

E. PAYMENT FOR LOSS

You may not require payment for loss from **us** or bring an action against **us** until:

- A. All the terms and conditions of this Policy have been met; and
- B. 60 days have passed since proof of this loss was filed and the amount of loss determined.

F. ACTION AGAINST **US**

No action shall be brought unless there has been compliance with the Policy provisions and the action is started within one year after the date of loss.

G. LIMITATION OF TRANSFER OR RENEWABILITY

- 1. Coverage provided under the Policy is not transferable to any other **collateral**.
- 2. The Policy is not renewable:
 - (a) Beyond the term of the **security agreement** to which this coverage is attached; or
 - (b) Beyond the time **you** cease to have an insurable interest in the **eligible collateral**.

H. EXAMINATION OF RECORDS

We shall have access to **your** books and records at all reasonable times. Any evasion or attempted evasion by **you** in connection with reports, payments or premium or any matter relating to this insurance shall void this Policy.

I. CANCELLATION

A. This Policy may be cancelled during the Policy Period as follows:

- 1). **You** may cancel the Policy by giving **us** advance notice at least 30 days prior to the date cancellation is to take effect; or
- 2). **We** may cancel this Policy by mailing notice to **you** via First Class Mail at the address shown in the Declarations:
 - (a) At least 10 days notice if cancellation is for nonpayment of premium; or
 - (b) At least 30 days notice in all other cases.

Premium is fully earned when written under this policy.

J. TERMS OF POLICY CONFORMED TO STATUTE

Terms of this Policy which are in conflict with the statutes of the State wherein this Policy is issued are hereby amended to conform to such statutes.

K. CHANGES

This Policy contains all the agreements between **you** and **us**. It's terms may not be changed or waived except by written endorsement issued by **us**.

In Witness Whereof, the Company designated on the Declarations has caused this Policy to be signed by its President and Secretary.

President

Secretary

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

ELIGIBLE COLLATERAL ENDORSEMENT

THIS ENDORSEMENT CHANGES THE MASTER POLICY, PLEASE READ IT CAREFULLY.

Per ITEM 5 of the Master Policy Declarations, CP-DC (Rev. 05/07), the following comprises a list of the Eligible Collateral, the Maximum Loan Term and the Limit of Liability per Eligible Collateral covered under Master Policy No. _____

ELIGIBLE COLLATERAL

MAXIMUM LOAN TERM

LIMIT OF LIABILITY

Authorized Representative

Date

Master Policy Holder

Master Policy Number

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607
MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

BORROWER'S SCHEDULE

Certificate Number: _____
THIS INSURANCE IS NON-TRANSFERABLE

ITEM 1: BORROWER AND ADDRESS

NAMED INSURED AND ADDRESS

ITEM 2: COVERAGE PERIOD

FROM _____ TO _____ TERM _____ MONTHS

12:01 A.M. Standard Time at the address of the Named Insured stated herein. Payment under all coverages may be made solely to the Named Insured not to exceed the amount of the loan balance.

ITEM 3: COVERAGE PROVIDED

<u>COVERAGES</u>	<u>BALANCE USED TO CALCULATE PREMIUM</u>	<u>PREMIUM</u>
------------------	--	----------------

DEDUCTIBLE: \$ _____

TOTAL PREMIUM:

ITEM 4: DESCRIPTION OF INSURED PROPERTY

<u>LOAN NUMBER</u>
_____ YEAR MAKE AND MODEL YEAR

IDENTIFICATION NUMBER

ITEM 5: ENDORSEMENTS ATTACHED TO AND FORMING A PART OF THIS CERTIFICATE AT TIME OF ISSUE:

THIS COVERAGE DOES NOT AFFORD PROTECTION AGAINST BODILY INJURY OR PROPERTY DAMAGE LIABILITY AND WILL NOT FULFILL THE REQUIREMENTS OF ANY FINANCIAL RESPONSIBILITY OR "NO FAULT" LAW

COVERAGE WILL NOT BE MORE THAN THE OUTSTANDING BALANCE AT THE TIME OF LOSS AND MAY BE LESS. IT MAY NOT PROVIDE FULL PROTECTION FOR YOUR EQUITY.

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

BORROWER'S CERTIFICATE OF INSURANCE

This Certificate along with the attached Schedule forms a complete notice as issued to you, the Borrower. This Certificate contains only selected portions of the Master Policy issued to the Lender. It DOES NOT include all of the limitations and terms of the Master Policy. You may review the Master Policy at the Lender's Address shown in the Schedule.

PERILS INSURED AGAINST

ALL RISK COVERAGE – This Certificate insures against all risks of direct and accidental loss to the **collateral**, except as specifically excluded in this Certificate.

EXCLUSIONS

- A. **1).** Declared or Undeclared War, Insurrection, or any of their consequences. **2).** Riot or Civil commotion. **3).** Wear and Tear, Freezing, Mechanical or Electrical Breakdown or Failure. **4).** Nuclear or Atomic Energy of any form. **5).** Radioactive Contamination. **6).** Loss which occurs outside of the Certificate's effective date. **7).** Loss to any collateral on which the Lender has elected to waive insurance follow-up. **8).** The additional cost of repairing or replacing Customized Paint or Finishing and Additional Equipment and Structural or Body Changes. **9).** Loss to tapes, compact discs, cassettes, cartridges, or other sound reproducing devices designed for use with sound reproducing equipment. **10).** Loss to the following equipment or other sound reproducing devices, unless it is permanently installed by the manufacturer or dealer as of the date of the security agreement: Tape players and/or compact disc players, Citizen's band radio, Two-way mobile radio, Telephone, Scanning monitor receiver, Including speakers, antennas and other accessories, DVD players, GPS systems, and Radar devices. **11).** Loss to an eligible collateral held as collateral under any floor plan or field warehouse type of financing. **12).** Loss due to Confiscation by Governmental or Civil Authority of the collateral; and Conversion, or Secretion by any person in lawful possession of the collateral under a lease agreement, conditional sales contract, mortgage or other encumbrance. **13).** Loss due to blowouts, punctures or other road damages to tires unless caused by another loss covered by this Certificate. **14).** Loss while the collateral is used in any illegal activity. **15).** Loss to any collateral that is a semi-tractor, tractor trailer, or a vehicle that has 3 or more axles. **16).** Loss to any collateral used in a formal or informal racing or sporting event. **17).** We will not pay for loss arising from any lien, encumbrance or defect in title which existed at the time the loan was made by the Lender; or the Lender's failure to make the necessary filing to perfect and establish the priority of the security agreement. **18).** Loss resulting directly or indirectly from any dishonest, fraudulent, or criminal act by the Lender, the Lender's officers or employees, you, or any dealer from whom the Lender may acquire the security agreement. **19).** Loss resulting from any amount which is in excess of the balance used to calculate premium shown in ITEM 3 of the Schedule page. **20).** Coverage is not provided for Aircraft which are in motion.
- B. This Certificate does not grant coverage for the benefit of any person or organization holding, storing, or transporting the collateral for a fee.

COMPANY LIABILITY

We may pay for a covered loss in money, repair or replace the damaged or stolen collateral. We may keep all or part of the collateral at an agreed or appraised value, but the collateral cannot be abandoned

to us without our agreement. Indemnity payments may be made solely to the Lender to exceed the amount of the loan balance and pursuant to the specific limitations under the applicable coverage. This is physical damage insurance. The most we will pay for a covered loss is the smallest of the following amounts after deduction of any compensation for the loss paid to Lender by any other source:

1. The amount necessary to repair or replace the damaged or stolen collateral.
2. The remaining balance due to the Lender, as represented by your unpaid balance less:
 - a). Unearned finance or interest charges, computed in accordance with the terms of the security agreement.
 - b). Net salvage value.
 - c). Collection expenses, late charges, or other charges added after the inception of coverage.
 - d). Unearned insurance premiums under this coverage.
 - e). Unearned credit insurance premiums and warranty charges
 - f). Payments more than 120 days past due.
 - g). Any applicable deductible.
3. The unpaid balance shown in ITEM 3. of the Schedule Page.
4. When a covered loss is the result of more than one occurrence each loss shall be adjusted separately and be subject to a separate deductible.

CONDITIONS

THEFT

If a theft occurs, a police report must be filed. Upon the settlement of a total theft claim, the Lender will assign to us: A. The title; and B. your interest.

SUIT AGAINST US

No action shall be brought unless there has been compliance with the Certificate provisions and the action is started within one year after the date of loss.

CANCELLATION

The Certificate may be cancelled as follows:

- 1). The Lender may cancel the Certificate by giving us and you written notice stating when cancellation is to take effect.
- 2). We may cancel by mailing to the Lender and you,
 - a) At least 10 days notice if cancellation is for nonpayment of premium; or
 - b) At least 30 days notice in all other cases.
- 3). You may cancel by first obtaining the Lender's written consent and giving us written notice stating when thereafter cancellation shall take effect.

SPECIAL CONDITION: Any individual Certificate shall immediately terminate, upon;

- 1). Payment in full of the obligation assumed under the security agreement.
- 2). Sale, trade, transfer, abandonment or repossession of the collateral.

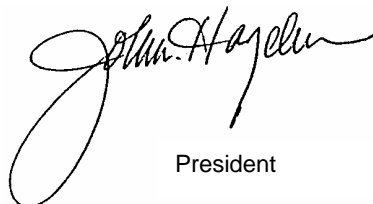
PREMIUM REFUNDS

- A. When either you or the Lender request Certificate cancellation, the return premium will be based on the Pro-Rata Cancellation Method.
- B. When we cancel a Certificate, the return premium will be pro-rata.

In Witness Whereof, the Company designated on the Schedule has caused this Certificate to be signed by its President and Secretary.



Secretary



President

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

GENERAL CHANGE ENDORSEMENT

THIS ENDORSEMENT IS ATTACHED TO AND FORMS PART OF COLLATERAL PROTECTION PROGRAM MASTER POLICY NO. _____

ISSUED TO _____

AND IS EFFECTIVE 12:01 A.M. STANDARD TIME ON _____
(MO -DY-YR)

It is agreed as follows:

All other terms and conditions of the Master Policy remain unchanged.

Authorized Representative

Date

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

WAIVER OF REPOSSESSION REQUIREMENT ENDORSEMENT

THIS ENDORSEMENT CHANGES THE MASTER POLICY, PLEASE READ IT CAREFULLY.

For an additional premium, **you** have elected to waive repossession as a condition precedent to liability. When there is a loss as stated under SECTION II - COVERAGE A of the Master Policy the following will apply:

DEDUCTIBLE

The deductible applicable to coverage under this endorsement is indicated by ____ x ____.

_____ \$0 Deductible	_____ \$2,500 Deductible
_____ \$250 Deductible	_____ \$3,000 Deductible
_____ \$500 Deductible	_____ \$3,500 Deductible
_____ \$1,000 Deductible	_____ \$4,000 Deductible
_____ \$1,500 Deductible	_____ \$4,500 Deductible
_____ \$2,000 Deductible	_____ \$5,000 Deductible

SECTION II - COVERAGE A

COVERAGE A - COMPANY LIABILITY - ITEM #B, is deleted and the following substituted in its place:

- B. This is limited physical damage Master Policy. The most **we** will pay for a covered loss is the smallest of the following amounts after deduction of any compensation for the loss paid to **you** by a third party.
1. The amount necessary to repair or replace the damaged or stolen collateral, less the deductible.
 2. The remaining balance due to **you**, as represented by the **borrower's** net unpaid loan balance less:
 - a). Unearned finance or interest charges, computed in accordance with the terms of the **security agreement**.
 - b). Net salvage value.
 - c). Collection expenses, late charges, or other charges added after the inception of loan.
 - d). Unearned insurance premiums under this coverage.
 - e). Unearned credit insurance premiums and warranty charges.
 - f). Payments more than 120 days past due.
 - g). The deductible.
 3. The liability limit shown in ITEM 5 of the Declarations.

4. When a covered loss is the result of more than one occurrence each loss shall be adjusted separately and be subject to a separate deductible. In the event of a repossession, one deductible shall apply to a covered loss.
5. The balance shown in ITEM 3. of the Borrower's Schedule.

SECTION IV -COVERAGE A & B

COVERAGE A & B - CONDITIONS - B. CONDITIONS PRECEDENT TO LIABILITY - ITEM #B-3 is hereby deleted from the Master Policy.

COVERAGE A & B - CONDITIONS - C. DATE OF LOSS is hereby amended to read:

C. DATE OF LOSS

The Date of Loss shall be the date on which the actual physical loss or damage occurred to the **collateral** insured hereunder.

All other terms and conditions of the Master Policy remain unchanged.

Authorized Representative

Date

Master Policy Holder

Master Policy Number

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

ACTUAL CASH VALUE SETTLEMENT OPTION ENDORSEMENT

THIS ENDORSEMENT CHANGES THE MASTER POLICY, PLEASE READ IT CAREFULLY.

For a rate credit, **you** have elected to include Actual Cash Value as a settlement option under this Master Policy. SECTION II - COVERAGE A - COMPANY LIABILITY is hereby deleted and replaced by the following:

COVERAGE A - COMPANY LIABILITY

- A. **We** may pay for a covered loss in money, or **we** may repair or replace the damaged or stolen **collateral**. **We** may keep all or part of the **collateral** at an agreed or appraised value, but **you** cannot abandon the **collateral** to **us** without **our** agreement.
- B. This is limited physical damage Master Policy. The most **we** will pay for a covered loss is the smallest of the following amounts after deduction of any compensation for the loss paid to **you** by a third party.
 - 1. The amount necessary to repair or replace the damaged or stolen **collateral**.
 - 2. Net Unpaid Loan Balance. The remaining balance due to **you**, as represented by the **borrower's** net unpaid loan balance less:
 - a). Unearned finance or interest charges, computed in accordance with the terms of the **security agreement**.
 - b). Net salvage value.
 - c). Collection expenses, late charges, or other charges added after the inception of loan.
 - d). Unearned insurance premiums under this coverage.
 - e). Unearned credit insurance premiums and warranty charges.
 - f). Payments more than 120 days past due.
 - g). The deductible.
 - 3. The Actual Cash Value of the damaged or stolen **collateral** at the time of loss less net salvage value. In the absence of a prevailing **vehicle** evaluation guide, Actual Cash Value will be determined by the Regional NADA Guide.
 - 4. The liability limit shown in ITEM 5 of the Declarations.
 - 5. When a covered loss is the result of more than one occurrence each loss shall be adjusted separately and be subject to a separate deductible. In the event of a repossession, one deductible shall apply to a covered loss.
 - 6. The balance shown in ITEM 3. of the Borrower's Schedule.

- C. If two or more pieces of **collateral** are covered under the same Certificate, **we** will not pay more than the following proportionate part of the total unpaid balance:

That proportion which the original Actual Cash Value of the damaged **collateral**, as of the date of the **security agreement**, bears to the total cash value of all described **collateral** as of the date of the **security agreement**.

- D. If other **collateral**, not covered under the Master Policy secures the loan, **we** will not pay more than the following proportionate part of the net unpaid loan balance:

$$\frac{A}{B} \times C = \text{limit of liability}$$

Where

A = Value of the insured **collateral** as shown in the individual Certificate as determined by the appropriate NADA value guide.

B = Net unpaid loan balance on the date of issuance of the individual certificate.

C = Net unpaid loan balance on date of loss.

All other terms and conditions of this Master Policy remain unchanged.

Authorized Representative

Date

Master Policy Holder

Master Policy Number

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

SINGLE INTEREST DEDUCTIBLE ENDORSEMENT

THIS ENDORSEMENT CHANGES THE MASTER POLICY, PLEASE READ IT CAREFULLY.

For a premium credit, SECTION II - COVERAGE A - COMPANY LIABILITY - ITEM #B is deleted and the following substituted in its place:

The following Declarations are added to this Master Policy:

DEDUCTIBLE

The deductible applicable to coverage under this endorsement is indicated by x .

<u> </u> \$0 Deductible	<u> </u> \$2,500 Deductible
<u> </u> \$250 Deductible	<u> </u> \$3,000 Deductible
<u> </u> \$500 Deductible	<u> </u> \$3,500 Deductible
<u> </u> \$1,000 Deductible	<u> </u> \$4,000 Deductible
<u> </u> \$1,500 Deductible	<u> </u> \$4,500 Deductible
<u> </u> \$2,000 Deductible	<u> </u> \$5,000 Deductible

SECTION II - COVERAGE A

COVERAGE A - COMPANY LIABILITY - ITEM #B, is deleted and the following substituted in its place:

- B. This is limited physical damage Master Policy. The most **we** will pay for a covered loss is the smallest of the following amounts after deduction of any compensation for the loss paid to **you** by a third party.
1. The amount necessary to repair or replace the damaged or stolen collateral, less the deductible.
 2. The remaining balance due to **you**, as represented by the **borrower's** net unpaid loan balance less:
 - a). Unearned finance or interest charges, computed in accordance with the terms of the **security agreement**.
 - b). Net salvage value.
 - c). Collection expenses, late charges, or other charges added after the inception of loan.
 - d). Unearned insurance premiums under this coverage.
 - e). Unearned credit insurance premiums and warranty charges.

- f). Payments more than 120 days past due.
- g). The deductible.
- 3. The liability limit shown in ITEM 5 of the Declarations.
- 4. When a covered loss is the result of more than one occurrence each loss shall be adjusted separately and be subject to a separate deductible. In the event of repossession, one deductible shall apply to a covered loss.
- 5. The balance shown in Item 3. of the Borrower's Schedule.

All other terms and conditions of the Master Policy remain unchanged.

Authorized Representative

Date

Master Policy Holder

Master Policy Number

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

BORROWER'S CERTIFICATE OF INSURANCE (Actual Cash Value Settlement Option)

This Certificate along with the attached Schedule forms a complete notice as issued to you, the Borrower. This Certificate contains only selected portions of the Master Policy issued to the Lender. It DOES NOT include all of the limitations and terms of the Master Policy. You may review the Master Policy at the Lender's Address shown in the Schedule.

PERILS INSURED AGAINST

ALL RISK COVERAGE – This Certificate insures against all risks of direct and accidental loss to the **collateral**, except as specifically excluded in this Certificate.

EXCLUSIONS

- A. **1).** Declared or Undeclared War, Insurrection, or any of their consequences. **2).** Riot or Civil commotion. **3).** Wear and Tear, Freezing, Mechanical or Electrical Breakdown or Failure. **4).** Nuclear or Atomic Energy of any form. **5).** Radioactive Contamination. **6).** Loss which occurs outside of the Certificate's effective date. **7).** Loss to any collateral on which the Lender has elected to waive insurance follow-up. **8).** The additional cost of repairing or replacing Customized Paint or Finishing and Additional Equipment and Structural or Body Changes. **9).** Loss to tapes, compact discs, cassettes, cartridges, or other sound reproducing devices designed for use with sound reproducing equipment. **10).** Loss to the following equipment or other sound reproducing devices, unless it is permanently installed by the manufacturer or dealer as of the date of the security agreement: Tape players and/or compact disc players, Citizen's band radio, Two-way mobile radio, Telephone, Scanning monitor receiver, Including speakers, antennas and other accessories, DVD players, GPS systems, and Radar devices. **11).** Loss to an eligible collateral held as collateral under any floor plan or field warehouse type of financing. **12).** Loss due to Confiscation by Governmental or Civil Authority of the collateral; and Conversion, or Secretion by any person in lawful possession of the collateral under a lease agreement, conditional sales contract, mortgage or other encumbrance. **13).** Loss due to blowouts, punctures or other road damages to tires unless caused by another loss covered by this Certificate. **14).** Loss while the collateral is used in any illegal activity. **15).** Loss to any collateral that is a semi-tractor, tractor trailer, or a vehicle that has 3 or more axles. **16).** Loss to any collateral used in a formal or informal racing or sporting event. **17).** We will not pay for loss arising from any lien, encumbrance or defect in title which existed at the time the loan was made by the Lender; or the Lender's failure to make the necessary filing to perfect and establish the priority of the security agreement. **18).** Loss resulting directly or indirectly from any dishonest, fraudulent, or criminal act by the Lender, the Lender's officers or employees, you, or any dealer from whom the Lender may acquire the security agreement. **19).** Loss resulting from any amount which is in excess of the balance used to calculate premium shown in ITEM 3 of the Schedule page. **20).** Coverage is not provided for Aircraft which are in motion.
- B. This Certificate does not grant coverage for the benefit of any person or organization holding, storing, or transporting the collateral for a fee.

COMPANY LIABILITY

- A. We may pay for a covered loss in money, repair or replace the damaged or stolen collateral. We may keep all or part of the collateral at an agreed or appraised value, but the collateral cannot be abandoned to us without our agreement.

- B. This is limited physical damage insurance. The most we will pay for a covered loss is the smallest of the following amounts after deduction of any compensation for loss paid to Lender by any other source:
1. The amount necessary to repair or replace the damaged or stolen collateral.
 2. The remaining balance due to the Lender, as represented by your unpaid balance less:
 - a). Unearned finance or interest charges, computed in accordance with the terms of the security agreement.
 - b). Net Salvage Value.
 - c). Collection expenses, late charges, or other charges added after the inception of coverage.
 - d). Unearned insurance premiums and warranty charges.
 - e). Unearned credit insurance premium and warranty charges.
 - f). Payments more than 120 days past due.
 - g). Any applicable deductible.
 3. The Actual Cash Value of the damaged or stolen collateral at the time of loss less net salvage value. In the absence of a prevailing **vehicle** evaluation guide, Actual Cash Value will be determined by the Regional NADA Guide.
 4. The liability limit shown in ITEM 3. of the Schedule Page.
 5. When a covered loss is the result of more than one occurrence each loss shall be adjusted separately and be subject to a separate deductible.

- C. If two or more pieces of collateral are covered under the same Certificate, we will not pay more than the following proportionate part of the total unpaid balance:

That proportion which the original Actual Cash Value of the damaged collateral, as of the date of the security agreement, bears to the total cash value of all described collateral as of the date of the security agreement.

- D. If other collateral, not covered under the Master Policy secures the loan, we will not pay more than the following proportionate part of the net unpaid loan balance:

$$\frac{A}{B} \times C = \text{limit of liability}$$

Where

A = Value of the insured collateral as shown in the individual Certificate as determined by the appropriate NADA value guide.

B = Net unpaid loan balance on the date of issuance of the individual certificate.

C = Net unpaid loan balance on date of loss.

CONDITIONS

THEFT

If a theft occurs, a police report must be filed. Upon the settlement of a total theft claim, the Lender will assign to us: A. The title; and B. your interest.

SUIT AGAINST US

No action shall be brought unless there has been compliance with the Certificate provisions and the action is started within one year after the date of loss.

CANCELLATION

The Certificate may be cancelled as follows:

- 1). The Lender may cancel the Certificate by giving us and you written notice stating when cancellation is to take effect.

- 2). We may cancel by mailing to the Lender and you,
 - a) At least 10 days notice if cancellation is for nonpayment of premium; or
 - b) At least 30 days notice in all other cases.
 - 3). You may cancel by first obtaining the Lender's written consent and giving us written notice stating when thereafter cancellation shall take effect.
- SPECIAL CONDITION: Any individual Certificate shall immediately terminate, upon;
- 1). Payment in full of the obligation assumed under the security agreement.
 - 2). Sale, trade, transfer, abandonment or repossession of the collateral.

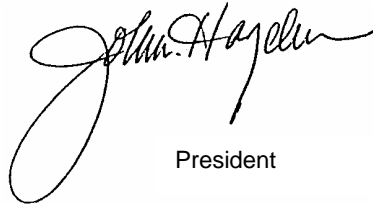
PREMIUM REFUNDS

- A. When either you or the Lender request Certificate cancellation, the return premium will be based on the Pro-Rata Cancellation Method.
- B. When we cancel a Certificate, the return premium will be pro-rata.

In Witness Whereof, the Company designated on the Schedule has caused this Certificate to be signed by its President and Secretary.



Secretary



President

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

LIMITED TOWING AND STORAGE ENDORSEMENT

THIS ENDORSEMENT CHANGES THE MASTER POLICY, PLEASE READ IT CAREFULLY.

In consideration of the premium charged, the following coverage is hereby effective under the Master Policy:

LIMITED TOWING AND STORAGE

In connection with a payable claim under Section II – COVERAGE A of the Master Policy, coverage is provided for reasonable and necessary expenses of:

1. **Towing:** One tow from the scene of the accident, subject to the limit of \$75.
2. **Storage:** Prior to **our** receiving notice of the loss, storage coverage is provided up to 14 days to not exceed \$20 per day.
 - a. Storage coverage is provided only for expenses incurred at a facility in the business of storing or repairing vehicles.
 - b. Expenses caused by **your** failure to cooperate as required by Section IV – Coverage A & B, B. CONDITIONS PRECEDENT TO LIABILITY will not be covered.

All other provisions of the Master Policy remain unchanged.

Authorized Representative

Date

Master Policy Holder

Master Policy Number

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

COMMERCIAL VEHICLE COVERAGE ENDORSEMENT

THIS ENDORSEMENT IS ATTACHED TO AND FORMS PART OF COLLATERAL PROTECTION PROGRAM MASTER POLICY NO. _____

ISSUED TO _____

AND IS EFFECTIVE 12:01 A.M. STANDARD TIME ON _____
(MO -DY-YR)

It is agreed as follows:

For a premium debit of 25%, coverage is hereby extended to vehicles used for commercial purposes under this Master Policy.

Under this endorsement, commercial purpose is defined as a vehicle used for hire or engaged in commerce.

All other terms and conditions of the Master Policy remain unchanged.

Authorized Representative

Date

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

PRO-RATA CANCELLATION METHOD ENDORSEMENT

THIS ENDORSEMENT IS ATTACHED TO AND FORMS PART OF COLLATERAL PROTECTION PROGRAM MASTER POLICY NO. _____

ISSUED TO _____

AND IS EFFECTIVE 12:01 A.M. STANDARD TIME ON _____
(MO -DY-YR)

It is agreed as follows:

Under SECTION IV - COVERAGE A & B, COVERAGE A & B – CONDITIONS, item # M. Premium Refunds is hereby replaced as follows:

M. PREMIUM REFUNDS

- A. When **you** request Certificate cancellation, the return premium will be based on the Pro-Rata Cancellation Method
- B. When **we** cancel a Certificate, the return premium will be based on the Pro-Rata Cancellation Method.

All other terms and conditions of the Master Policy remain unchanged.

Authorized Representative

Date

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

CONFISCATION, CONVERSION, and SECRETION COVERAGE ENDORSEMENT (Broad Form per Outstanding Eligible Loans)

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

For an additional premium, **we** agree SECTION III - EXCLUSIONS - 12. is deleted and the Policy is extended to provide the following coverage for **your** interest only:

CONFISCATION, CONVERSION, and SECRETION COVERAGE. **We** will pay for loss due to:

- (1) **Confiscation** of the entire **collateral** by Governmental or Civil Authority;
- (2) **Confiscation** by Governmental or Civil Authority of parts, equipment, or accessories included in the dealer invoice or listed on the **security agreement**;
- (3) **Conversion** or **secrection** of the entire **collateral** by the **borrower**; and
- (4) **Conversion** or **secrection** by the **borrower** of parts, equipment, or accessories included in the dealer invoice or listed on the **security agreement**.

ADDITIONAL DEFINITIONS

The following definitions are added for the coverage provided by this endorsement:

"Confiscation" means when a governmental body or official lawfully obtains possession of the **collateral**.

"Conversion" means when the **borrower** substantially changes, severely damages or destroys, sells or encumbers, trades or disposes of the **collateral** without **your** consent.

"Secretion" means when the **borrower** conceals or hides the **collateral** from **you** or removes the **collateral** from the area of use known to **you** with the apparent intent of wrongfully appropriating.

ADDITIONAL EXCLUSIONS

The coverage provided under this endorsement does not apply to any loss due directly, or indirectly, from:

- (1) Any dishonest, fraudulent, or criminal act by **you**, **your** officers or employees or any dealer from whom **you** may acquire the **security agreement**.
- (2) Forgery or use of an alias.

- (3) Any loan made to a dealer or dealer employee, when the **collateral** is held for resale.
- (4) Any lien, encumbrance or defect in title which existed at the time the loan was made by **you**, or **your** failure to make the necessary filing to perfect and establish the priority of **your security agreement**.

ADDITIONAL CONDITIONS

The coverage provided under this endorsement shall not attach unless and until the following conditions exist or have been performed by **you**.

- (1) Unless a premium is charged and the specific coverage is displayed on the Declarations of the Policy.
- (2) The **borrower** has defaulted in payment; and **you** have initiated a professional attempt to repossess the **collateral** before the account becomes 120 days delinquent.
- (3) **You** have after the sale of the **collateral** and all reasonable collection efforts, incurred a loss under the loan or sales contract.
- (4) **You** have made every reasonable effort to locate the **collateral** and collect the balance due **you**. If **you** locate the **collateral**, **you** shall take possession, using legal proceedings if required. Expenses incurred by **you** shall not be recoverable under this endorsement.
- (5) Written notice of loss to **us** by **you** within 180 days from the date the first delinquency occurs.
- (6) **You** must properly assign the Security Agreement(s) and title(s) to **us** to obtain payment of coverage under this endorsement.

PAYMENT FOR LOSS

The coverage provided under this endorsement shall be subject to the following Payment for Loss Provision:

Payment for Loss. **We** shall have 60 days after written notice of loss in which to investigate the claim and locate the **collateral**. If the **collateral** or missing parts are recovered within such time period, **our** liability will be expenses incurred in locating the **collateral** or missing parts.

All other terms and conditions of the Policy remain unchanged.

Authorized Representative

Date

Policy Holder

Policy Number

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

CONFISCATION, CONVERSION, and SECRETION COVERAGE ENDORSEMENT (Broad Form with Single Interest Insurance)

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

For an additional premium, **we** agree SECTION III - EXCLUSIONS - 12. is deleted and the Policy is extended to provide the following coverage for **your** interest only:

CONFISCATION, CONVERSION, and SECRETION COVERAGE. **We** will pay for loss due to:

- (1) **Confiscation** of the entire **collateral** by Governmental or Civil Authority;
- (2) **Confiscation** by Governmental or Civil Authority of parts, equipment, or accessories included in the dealer invoice or listed on the **security agreement**;
- (3) **Conversion** or **secrection** of the entire **collateral** by the **borrower**; and
- (4) **Conversion** or **secrection** by the **borrower** of parts, equipment, or accessories included in the dealer invoice or listed on the **security agreement**.

ADDITIONAL DEFINITIONS

The following definitions are added for the coverage provided by this endorsement:

"Confiscation" means when a governmental body or official lawfully obtains possession of the **collateral**.

"Conversion" means when the **borrower** substantially changes, severely damages or destroys, sells or encumbers, trades or disposes of the **collateral** without **your** consent.

"Secretion" means when the **borrower** conceals or hides the **collateral** from **you** or removes the **collateral** from the area of use known to **you** with the apparent intent of wrongfully appropriating.

ADDITIONAL EXCLUSIONS

The coverage provided under this endorsement does not apply to any loss due directly, or indirectly, from:

- (1) Any dishonest, fraudulent, or criminal act by **you**, **your** officers or employees or any dealer from whom **you** may acquire the **security agreement**.
- (2) Forgery or use of an alias.

- (3) Any loan made to a dealer or dealer employee, when the **collateral** is held for resale.
- (4) Any lien, encumbrance or defect in title which existed at the time the loan was made by **you**, or **your** failure to make the necessary filing to perfect and establish the priority of **your security agreement**.

ADDITIONAL CONDITIONS

The coverage provided under this endorsement shall not attach unless and until the following conditions exist or have been performed by **you**.

- (1) Unless the **collateral** has been issued a certificate providing **single interest insurance** under this Collateral Protection Master Policy.
- (2) Unless a premium is charged and the specific coverage is displayed on the Declarations of the Policy.
- (3) The **borrower** has defaulted in payment; and **you** have initiated a professional attempt to repossess the **collateral** before the account becomes 120 days delinquent.
- (4) **You** have after the sale of the **collateral** and all reasonable collection efforts, incurred a loss under the loan or sales contract.
- (5) **You** have made every reasonable effort to locate the **collateral** and collect the balance due **you**. If **you** locate the **collateral**, **you** shall take possession, using legal proceedings if required. Expenses incurred by **you** shall not be recoverable under this endorsement.
- (6) Written notice of loss to **us** by **you** within 180 days from the date the first delinquency occurs.
- (7) **You** must properly assign the Security Agreement(s) and title(s) to **us** to obtain payment of coverage under this endorsement.

PAYMENT FOR LOSS

The coverage provided under this endorsement shall be subject to the following Payment for Loss Provision:

Payment for Loss. **We** shall have 60 days after written notice of loss in which to investigate the claim and locate the **collateral**. If the **collateral** or missing parts are recovered within such time period, **our** liability will be expenses incurred in locating the **collateral** or missing parts.

All other terms and conditions of the Policy remain unchanged.

Authorized Representative

Date

Policy Holder

Policy Number

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

CONFISCATION, CONVERSION, and SECRETION COVERAGE ENDORSEMENT (Standard Form per Outstanding Eligible Loans)

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

For an additional premium, **we** agree SECTION III - EXCLUSIONS - 12. is deleted and the Policy is extended to provide the following coverage for **your** interest only:

CONFISCATION, CONVERSION, and SECRETION COVERAGE. **We** will pay for loss due to:

- (1) **Confiscation** of the entire **collateral** by Governmental or Civil Authority;
- (2) **Confiscation** by Governmental or Civil Authority of parts, equipment, or accessories included in the dealer invoice or listed on the **security agreement**;
- (3) **Conversion** or **secrection** of the entire **collateral** by the **borrower**; and
- (4) **Conversion** or **secrection** by the **borrower** of parts, equipment, or accessories included in the dealer invoice or listed on the **security agreement**.

ADDITIONAL DEFINITIONS

The following definitions are added for the coverage provided by this endorsement:

"Confiscation" means when a governmental body or official lawfully obtains possession of the **collateral**.

"Conversion" means when the **borrower** substantially changes, severely damages or destroys, sells or encumbers, trades or disposes of the **collateral** without **your** consent.

"Secretion" means when the **borrower** conceals or hides the **collateral** from **you** or removes the **collateral** from the area of use known to **you** with the apparent intent of wrongfully appropriating.

ADDITIONAL EXCLUSIONS

The coverage provided under this endorsement does not apply to any loss due directly, or indirectly, from:

- (1) Any dishonest, fraudulent, or criminal act by **you**, **your** officers or employees or any dealer from whom **you** may acquire the **security agreement**.
- (2) Forgery or use of an alias.

- (3) Any loan made to a dealer or dealer employee, whether or not the **collateral** is held for resale.
- (4) Any lien, encumbrance or defect in title which existed at the time the loan was made by **you**, or **your** failure to make the necessary filing to perfect and establish the priority of **your security agreement**.

ADDITIONAL CONDITIONS

The coverage provided under this endorsement shall not attach unless and until the following conditions exist or have been performed by **you**.

- (1) Unless a premium is charged and the specific coverage is displayed on the Declarations of the Policy.
- (2) The **borrower** has defaulted in payment; and **you** have initiated a professional attempt to repossess the **collateral** before the account becomes 120 days delinquent.
- (3) **You** have after the sale of the **collateral** and all reasonable collection efforts, incurred a loss under the loan or sales contract.
- (4) **You** have made every reasonable effort to locate the **collateral** or to locate the **borrower** and collect the balance due **you**. If **you** locate the **collateral**, **you** shall take possession, using legal proceedings if required. Expenses incurred by **you** shall not be recoverable under this endorsement.
- (5) Written notice of loss to **us** by **you** within 180 days from the date the first delinquency occurs.
- (6) **You** must properly assign the Security Agreement(s) and title(s) to **us** to obtain payment of coverage under this endorsement.

PAYMENT FOR LOSS

The coverage provided under this endorsement shall be subject to the following Payment for Loss Provision:

Payment for Loss. **We** shall have 60 days after written notice of loss in which to investigate the claim and locate the **collateral** or the **borrower**. If the **collateral**, including missing parts, or the **borrower** are located within such time period, **our** liability will be expenses incurred in locating the **collateral** or the **borrower**.

All other terms and conditions of the Policy remain unchanged.

Authorized Representative

Date

Policy Holder

Policy Number

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

CONFISCATION, CONVERSION, and SECRETION COVERAGE ENDORSEMENT (Standard Form with Single Interest Insurance)

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

For an additional premium, **we** agree SECTION III - EXCLUSIONS - 12. is deleted and the Policy is extended to provide the following coverage for **your** interest only:

CONFISCATION, CONVERSION, and SECRETION COVERAGE. **We** will pay for loss due to:

- (1) **Confiscation** of the entire **collateral** by Governmental or Civil Authority;
- (2) **Confiscation** by Governmental or Civil Authority of parts, equipment, or accessories included in the dealer invoice or listed on the **security agreement**;
- (3) **Conversion** or **secrection** of the entire **collateral** by the **borrower**; and
- (4) **Conversion** or **secrection** by the **borrower** of parts, equipment, or accessories included in the dealer invoice or listed on the **security agreement**.

ADDITIONAL DEFINITIONS

The following definitions are added for the coverage provided by this endorsement:

"Confiscation" means when a governmental body or official lawfully obtains possession of the **collateral**.

"Conversion" means when the **borrower** substantially changes, severely damages or destroys, sells or encumbers, trades or disposes of the **collateral** without **your** consent.

"Secretion" means when the **borrower** conceals or hides the **collateral** from **you** or removes the **collateral** from the area of use known to **you** with the apparent intent of wrongfully appropriating.

ADDITIONAL EXCLUSIONS

The coverage provided under this endorsement does not apply to any loss due directly, or indirectly, from:

- (1) Any dishonest, fraudulent, or criminal act by **you**, **your** officers or employees or any dealer from whom **you** may acquire the **security agreement**.
- (2) Forgery or use of an alias.

- (3) Any loan made to a dealer or dealer employee, whether or not the **collateral** is held for resale.
- (4) Any lien, encumbrance or defect in title which existed at the time the loan was made by **you**, or **your** failure to make the necessary filing to perfect and establish the priority of **your security agreement**.

ADDITIONAL CONDITIONS

The coverage provided under this endorsement shall not attach unless and until the following conditions exist or have been performed by **you**.

- (1) Unless the **collateral** has been issued a certificate providing **single interest insurance** under this Collateral Protection Master Policy.
- (2) Unless a premium is charged and the specific coverage is displayed on the Declarations of the Policy.
- (3) The **borrower** has defaulted in payment; and **you** have initiated a professional attempt to repossess the **collateral** before the account becomes 120 days delinquent.
- (4) **You** have after the sale of the **collateral** and all reasonable collection efforts, incurred a loss under the loan or sales contract.
- (5) **You** have made every reasonable effort to locate the **collateral** or to locate the **borrower** and collect the balance due **you**. If **you** locate the **collateral**, **you** shall take possession, using legal proceedings if required. Expenses incurred by **you** shall not be recoverable under this endorsement.
- (6) Written notice of loss to **us** by **you** within 180 days from the date the first delinquency occurs.
- (7) **You** must properly assign the Security Agreement(s) and title(s) to **us** to obtain payment of coverage under this endorsement.

PAYMENT FOR LOSS

The coverage provided under this endorsement shall be subject to the following Payment for Loss Provision:

Payment for Loss. **We** shall have 60 days after written notice of loss in which to investigate the claim and locate the **collateral** or the **borrower**. If the **collateral**, including missing parts, or the **borrower** are located within such time period, **our** liability will be expenses incurred in locating the **collateral** or the **borrower**.

All other terms and conditions of the Policy remain unchanged.

Authorized Representative

Date

Policy Holder

Policy Number

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

Confiscation, Conversion, and Secretion Coverage Change Endorsement

THIS ENDORSEMENT IS ATTACHED TO AND FORMS PART OF COLLATERAL PROTECTION PROGRAM MASTER POLICY NO. _____

ISSUED TO _____

AND IS EFFECTIVE 12:01 A.M. STANDARD TIME ON _____
(MO -DY-YR)

It is agreed as follows:

- I. That for an appropriate rate credit, the deductible level selected below will be applied under endorsements:

- a). With Single Interest Insurance

- 1). LB-33 (05/07) – Confiscation, Conversion, and Secretion – Broad Form
2). LB-73 (05/07) – Confiscation, Conversion, and Secretion – Standard Form

- b). Per Outstanding Eligible Loans

- 1). LB-03 (Rev. 05/07) – Confiscation, Conversion, and Secretion – Broad Form
2). LB-53 (05/07) – Confiscation, Conversion, and Secretion – Standard Form

_____ \$0	_____ \$250	_____ \$500
_____ \$1,000	_____ \$1,500	_____ \$2,000
_____ \$2,500	_____ \$3,000	_____ \$3,500
_____ \$4,000	_____ \$4,500	_____ \$5,000

- II. That for an appropriate rate credit or debit, the number of days required for written notice of loss under ADDITIONAL CONDITIONS, item #6 will be revised as stated below under endorsements:

- a). With Single Interest Insurance

- 1). LB-33 (05/07) – Confiscation, Conversion, and Secretion – Broad Form
2). LB-73 (05/07) – Confiscation, Conversion, and Secretion – Standard Form

- b). Per Outstanding Eligible Loans

- 1). LB-03 (Rev. 05/07) – Confiscation, Conversion, and Secretion – Broad Form
2). LB-53 (05/07) – Confiscation, Conversion, and Secretion – Standard Form

_____ 90 Days	_____ 120 Days
_____ 150 Days	_____ Unlimited Days

III. That for an appropriate rate credit or debit, the Permissible Loss Ratio level will be applied as stated below under endorsements:

a). Per Outstanding Eligible Loans

- 1). LB-03 (Rev. 05/07) – Confiscation, Conversion, and Secretion – Broad Form
- 2). LB-53 (05/07) – Confiscation, Conversion, and Secretion – Standard Form

b). Per Outstanding Eligible Loans

- 1). LB-03 (Rev. 05/07) – Confiscation, Conversion, and Secretion – Broad Form
- 2). LB-53 (05/07) – Confiscation, Conversion, and Secretion – Standard Form

The Permissible Loss Ratio level under this endorsement is (indicated by the X):

<u> </u> 50%	<u> </u> 55%	<u> </u> 60%
<u> </u> 65%	<u> </u> 70%	<u> </u> 75%
<u> </u> No Permissible Loss Ratio Cap Applied		

The following is added under the ADDITIONAL CONDITIONS section of the cited endorsements.

Conditions Precedent to Liability - Coverage under this endorsement will not apply while the Actual Loss Ratio exceeds the Permissible Loss Ratio.

Definitions - The following additional definitions apply under this endorsement.

- a). Net Written Premium - is defined as the total of all premium written under this Master Policy less all return premium for cancellations of individual coverage written under this Master Policy for the preceding twelve months.
- b). Earned Premium - is defined as that proportion of all Net Written Premium that is earned at any given point in time for the preceding twelve months.
- c). Actual Loss Ratio - is defined as the ratio that the total of the Incurred Losses and Adjustment Expenses, including previous payments under this endorsement, for the preceding twelve months, bears to the total Earned Premium for all coverages under this Master Policy for the preceding twelve months.
- d). Permissible Loss Ratio – is defined under this endorsement as the ratio (amount selected above) that the total of the Incurred Losses and Adjustment Expenses, including previous payments under this endorsement, for the preceding twelve months, bears to the total Earned Premium for all coverages under this Master Policy for the preceding twelve months.
- e). Incurred Losses - is defined as the total of all paid losses and the reserves for all reported losses, plus the reserves for unreported losses as computed by **us**, less salvage and subrogation for the preceding twelve months.

All other terms and conditions of the Master Policy remain unchanged.

Authorized Representative

Date

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

POST OFFICE ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

REPOSSESSION REIMBURSEMENT COVERAGE ENDORSEMENT (with Single Interest Insurance)

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

For an additional premium, **we** agree the Policy is extended to provide the following coverage for **your** interest only:

REPOSSESSION REIMBURSEMENT COVERAGE. **We** will reimburse **you** for the expense necessarily incurred in connection with retaking possession of the **collateral**. The most **we** will pay under this coverage is (indicated by the x):

_____ \$500	_____ \$750	_____ \$1,000
_____ \$1,250	_____ \$1,500	_____ \$1,750
_____ \$2,000	_____ \$2,250	_____ \$2,500

ADDITIONAL EXCLUSIONS

This coverage does not apply:

- (1) Unless a premium is charged and the specific coverage is displayed on the Declarations of the Policy.
- (2) Unless the **collateral** is repossessed from the **borrower** on **your** behalf.
- (3) Unless expenses were paid to someone other than **your** employee or an organization owned or operated by **you**.
- (4) To storage charges.
- (5) To mechanics lien charges.
- (6) To transportation charges.

ADDITIONAL CONDITIONS

The coverage provided under this endorsement shall not attach unless and until the following conditions exist or have been performed by **you**.

- (1) Unless the **collateral** has been issued a certificate providing **single interest insurance** under this Collateral Protection Master Policy.

All other terms and conditions of the Policy remain unchanged.

Authorized Representative

Date

Policy Holder

Policy Number

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

POST OFFICE ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

REPOSSESSION REIMBURSEMENT COVERAGE ENDORSEMENT (per Outstanding Eligible Loans)

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

For the appropriate premium credit or debit, **we** agree the Policy is extended to provide the following coverage for **your** interest only:

REPOSSESSION REIMBURSEMENT COVERAGE. **We** will reimburse **you** for the expense necessarily incurred in connection with retaking possession of the **collateral**. The most **we** will pay under this coverage is (indicated by the x):

<u> </u> \$500	<u> </u> \$750	<u> </u> \$1,000
<u> </u> \$1,250	<u> </u> \$1,500	<u> </u> \$1,750
<u> </u> \$2,000	<u> </u> \$2,250	<u> </u> \$2,500

The Permissible Loss Ratio level under this endorsement is (indicated by the X):

<u> </u> 50%	<u> </u> 55%	<u> </u> 60%
<u> </u> 65%	<u> </u> 70%	<u> </u> 75%
<u> </u> No Permissible Loss Ratio Cap Applied		

ADDITIONAL CONDITIONS

Conditions Precedent to Liability - Coverage under this endorsement will not apply while the Actual Loss Ratio exceeds the Permissible Loss Ratio.

Definitions - The following additional definitions apply under this endorsement.

- Net Written Premium - is defined as the total of all premium written under this Policy less all return premium for cancellations of individual coverage written under this Policy for the preceding twelve months.
- Earned Premium - is defined as that proportion of all Net Written Premium that is earned at any given point in time for the preceding twelve months.
- Actual Loss Ratio - is defined as the ratio that the total of the Incurred Losses and Adjustment Expenses, including previous payments under this endorsement, for the preceding twelve months, bears to the total Earned Premium for all coverages under this Policy for the preceding twelve months.
- Permissible Loss Ratio - is defined under this endorsement as the ratio (amount selected above) that the total of the Incurred Losses and Adjustment Expenses, including previous payments under this endorsement, for the preceding twelve months, bears to the total Earned Premium for all coverages under this Policy for the preceding twelve months.
- Incurred Losses - is defined as the total of all paid losses and the reserves for all reported losses, plus the reserves for unreported losses as computed by **us**, less salvage and subrogation for the preceding twelve months.

ADDITIONAL EXCLUSIONS

This coverage does not apply:

- (1) Unless a premium is charged and the specific coverage is displayed on the Declarations of the Policy.

- (2) Unless the **collateral** is repossessed from the **borrower** on **your** behalf.
- (3) Unless **you** have, after sale of the **collateral** and all reasonable collection efforts, established a deficiency under the **security agreement**.
- (4) Unless expenses were paid to someone other than **your** employee or an organization owned or operated by **you**.
- (5) To storage charges.
- (6) To mechanics lien charges.
- (7) To transportation charges.

All other terms and conditions of the Policy remain unchanged.

Authorized Representative

Date

Policy Holder

Policy Number

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

MECHANICS LIEN REIMBURSEMENT COVERAGE ENDORSEMENT (with Single Interest Insurance)

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

For an additional premium, **we** agree the Policy is extended to provide the following coverage for **your** interest only:

MECHANICS LIEN REIMBURSEMENT COVERAGE. **We** will reimburse you for the expense necessarily incurred in connection with retaking possession of the **collateral** as a result of a prior mechanics lien on such **collateral**. The most we will pay under this coverage is (indicated by the x):

_____ \$500	_____ \$750	_____ \$1,000
_____ \$1,250	_____ \$1,500	_____ \$1,750
_____ \$2,000	_____ \$2,250	_____ \$2,500

ADDITIONAL EXCLUSIONS

This coverage does not apply:

- (1) Unless a premium is charged and the specific coverage is displayed on the Declarations of the Policy.
- (2) Unless the **collateral** is repossessed from the borrower by you or on your behalf.
- (3) To storage charges.
- (4) To transportation charges.

ADDITIONAL CONDITIONS

The coverage provided under this endorsement shall not attach unless and until the following conditions exist or have been performed by **you**.

- (1) Unless the **collateral** has been issued a certificate providing **single interest insurance** under this Collateral Protection Master Policy.

All other terms and conditions of the Policy remain unchanged.

Authorized Representative

Date

Policy Holder

Policy Number

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

MECHANICS LIEN REIMBURSEMENT COVERAGE ENDORSEMENT (per Outstanding Eligible Loans)

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

For the appropriate premium credit or debit, **we** agree the Policy is extended to provide the following coverage for **your** interest only:

MECHANICS LIEN REIMBURSEMENT. **We** will reimburse you for the expense necessarily incurred in connection with retaking possession of the **collateral** as a result of a prior mechanics lien on such **collateral**. The most we will pay under this coverage is (indicated by the x):

<input type="checkbox"/> \$500	<input type="checkbox"/> \$750	<input type="checkbox"/> \$1,000
<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,750
<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$2,250	<input type="checkbox"/> \$2,500

The Permissible Loss Ratio level under this endorsement is (indicated by the X):

<input type="checkbox"/> 50%	<input type="checkbox"/> 55%	<input type="checkbox"/> 60%
<input type="checkbox"/> 65%	<input type="checkbox"/> 70%	<input type="checkbox"/> 75%
<input type="checkbox"/> No Permissible Loss Ratio Cap Applied		

ADDITIONAL CONDITIONS

Conditions Precedent to Liability - Coverage under this endorsement will not apply while the Actual Loss Ratio exceeds the Permissible Loss Ratio.

Definitions - The following additional definitions apply under this endorsement.

- Net Written Premium - is defined as the total of all premium written under this Policy less all return premium for cancellations of individual coverage written under this Policy for the preceding twelve months.
- Earned Premium - is defined as that proportion of all Net Written Premium that is earned at any given point in time for the preceding twelve months.
- Actual Loss Ratio - is defined as the ratio that the total of the Incurred Losses and Adjustment Expenses, including previous payments under this endorsement, for the preceding twelve months, bears to the total Earned Premium for all coverages under this Policy for the preceding twelve months.
- Permissible Loss Ratio - is defined under this endorsement as the ratio (amount selected above) that the total of the Incurred Losses and Adjustment Expenses, including previous payments under this endorsement, for the preceding twelve months, bears to the total Earned Premium for all coverages under this Policy for the preceding twelve months.
- Incurred Losses - is defined as the total of all paid losses and the reserves for all reported losses, plus the reserves for unreported losses as computed by **us**, less salvage and subrogation for the preceding twelve months.

ADDITIONAL EXCLUSIONS

This coverage does not apply:

- (1) Unless a premium is charged and the specific coverage is displayed on the Declarations of the Policy.

- (2) Unless the **collateral** is repossessed from the borrower by you or on your behalf.
- (3) Unless **you** have, after sale of the **collateral** and all reasonable collection efforts, established a deficiency under the **security agreement**.
- (4) To storage charges.
- (5) To transportation charges.

All other terms and conditions of the Policy remain unchanged.

Authorized Representative

Date

Policy Holder

Policy Number

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

REPOSSESSION STORAGE REIMBURSEMENT COVERAGE ENDORSEMENT (with Single Interest Insurance)

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

For an additional premium, **we** agree the Policy is extended to provide the following coverage for **your** interest only:

REPOSSESSION STORAGE REIMBURSEMENT COVERAGE. **We** will reimburse **you** for the storage expense necessarily incurred in connection with retaking possession of the **collateral**. The most **we** will pay under this coverage is (indicated by the x):

_____ \$500	_____ \$750	_____ \$1,000
_____ \$1,250	_____ \$1,500	_____ \$1,750
_____ \$2,000	_____ \$2,250	_____ \$2,500

ADDITIONAL EXCLUSIONS

This coverage does not apply:

- (1) Unless a premium is charged and the specific coverage is displayed on the Declarations of the Policy.
- (2) Unless the **collateral** is repossessed from the **borrower** on your behalf.
- (3) Unless storage expenses were paid to someone other than **your** employee or an organization owned or operated by **you**.
- (4) To repossession charges.
- (5) To mechanics lien charges.
- (6) To transportation charges.

ADDITIONAL CONDITIONS

The coverage provided under this endorsement shall not attach unless and until the following conditions exist or have been performed by **you**.

- (1) Unless the **collateral** has been issued a certificate providing **single interest insurance** under this Collateral Protection Master Policy.

All other terms and conditions of the Policy remain unchanged.

Authorized Representative

Date

Policy Holder

Policy Number

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

REPOSSESSION STORAGE REIMBURSEMENT COVERAGE ENDORSEMENT (per Outstanding Eligible Loans)

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

For the appropriate premium credit or debit, **we** agree the Policy is extended to provide the following coverage for **your** interest only:

REPOSSESSION STORAGE REIMBURSEMENT COVERAGE. **We** will reimburse **you** for the storage expense necessarily incurred in connection with retaking possession of the **collateral**. The most **we** will pay under this coverage is (indicated by the x):

<u> </u> \$500	<u> </u> \$750	<u> </u> \$1,000
<u> </u> \$1,250	<u> </u> \$1,500	<u> </u> \$1,750
<u> </u> \$2,000	<u> </u> \$2,250	<u> </u> \$2,500

The Permissible Loss Ratio level under this endorsement is (indicated by the X):

<u> </u> 50%	<u> </u> 55%	<u> </u> 60%
<u> </u> 65%	<u> </u> 70%	<u> </u> 75%
<u> </u> No Permissible Loss Ratio Cap Applied		

ADDITIONAL CONDITIONS

Conditions Precedent to Liability - Coverage under this endorsement will not apply while the Actual Loss Ratio exceeds the Permissible Loss Ratio.

Definitions - The following additional definitions apply under this endorsement.

- Net Written Premium - is defined as the total of all premium written under this Policy less all return premium for cancellations of individual coverage written under this Policy for the preceding twelve months.
- Earned Premium - is defined as that proportion of all Net Written Premium that is earned at any given point in time for the preceding twelve months.
- Actual Loss Ratio - is defined as the ratio that the total of the Incurred Losses and Adjustment Expenses, including previous payments under this endorsement, for the preceding twelve months, bears to the total Earned Premium for all coverages under this Policy for the preceding twelve months.
- Permissible Loss Ratio - is defined under this endorsement as the ratio (amount selected above) that the total of the Incurred Losses and Adjustment Expenses, including previous payments under this endorsement, for the preceding twelve months, bears to the total Earned Premium for all coverages under this Policy for the preceding twelve months.
- Incurred Losses - is defined as the total of all paid losses and the reserves for all reported losses, plus the reserves for unreported losses as computed by **us**, less salvage and subrogation for the preceding twelve months.

ADDITIONAL EXCLUSIONS

This coverage does not apply:

- (1) Unless a premium is charged and the specific coverage is displayed on the Declarations of the Policy.
- (2) Unless the **collateral** is repossessed from the **borrower** on your behalf.

- (3) Unless **you** have, after sale of the **collateral** and all reasonable collection efforts, established a deficiency under the **security agreement**.
- (4) Unless storage expenses were paid to someone other than **your** employee or an organization owned or operated by **you**.
- (5) To repossession charges.
- (6) To mechanics lien charges.
- (7) To transportation charges.

All other terms and conditions of the Policy remain unchanged.

Authorized Representative

Date

Policy Holder

Policy Number

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

DEFICIT UNPAID BALANCE PROTECTION COVERAGE ENDORSEMENT (One Certificate Term without Loss)

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

For an additional premium, **we** agree the Policy is extended to provide the following coverage for **your** interest only:

INSURING AGREEMENT

- (1) Where the **collateral** has not been repossessed and the **security agreement** has been paid in full, except for the earned **single interest insurance** premium and no other loss has been presented or paid or is pending, **we** will pay the amount of uncollected, earned, **single interest insurance** premium. **You** must make every reasonable effort, for a period of not less than 90 days, to collect from all responsible parties. **You** must provide documentation of **your** collection activities.
- (2) Where the **collateral** has been repossessed and, after sale or disposal, **you** have incurred a deficit balance representing uncollected, unrecovered earned, **single interest insurance** premium, **we** will pay the lesser of:
 - 1). The uncollected, unrecovered, earned **single interest insurance** premium; or
 - 2). The net loan balance deficit, less unearned interest and insurance charges, collection charges, any penalties or charges that may have been added after the loan was finalized, and any benefit from credit life and disability insurance.

You must provide **us** with documentation of your efforts prior to repossession to collect on the **Security Agreement**.

EXCLUSIONS

This coverage does not apply:

- (1) Unless a premium is charged and the specific coverage is displayed on the Declarations of the Policy.
- (2) To individual loans where a claim has been filed for any of the coverages provided by this Policy.
- (3) Upon cancellation of this Policy.

ADDITIONAL CONDITIONS

Notification of Loss - **You** must tell **us** about any loss under this endorsement within 120 days of the date of sale. The date of loss under this endorsement will be the date of repossession. If the insured **collateral** is not repossessed, the date of loss will be the first date upon which the **borrower** had an unpaid installment which was 30 days past due and following which no payments were received from the **borrower** or on his behalf within 90 days immediately following.

Maximum Certificate Term – Coverage provided under this endorsement will only apply to a maximum of one certificate term of **single interest insurance**.

Recovery By You - If you recover any portion of the deficit unpaid balance, you must return to us that portion which exceeds any remaining deficit which you may have for that account, to the extent of our payment under this endorsement.

All other terms and conditions of the Policy remain unchanged.

Authorized Representative

Date

Policy Holder

Policy Number

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

DEFICIT UNPAID BALANCE PROTECTION COVERAGE ENDORSEMENT (Multiple Certificate Terms without Loss)

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

For an additional premium, **we** agree the Policy is extended to provide the following coverage for **your** interest only:

The Permissible Loss Ratio level under this endorsement is (indicated by the X):

_____ 50%
_____ 65%

_____ 55%
_____ 70%

_____ 60%
_____ 75%

INSURING AGREEMENT

- (1) Where the **collateral** has not been repossessed and the **security agreement** has been paid in full, except for the earned **single interest insurance** premium and no other loss has been presented or paid or is pending, **we** will pay the amount of uncollected, earned, **single interest insurance** premium. **You** must make every reasonable effort, for a period of not less than 90 days, to collect from all responsible parties. **You** must provide documentation of **your** collection activities
- (2) Where the **collateral** has been repossessed and, after sale or disposal, **you** have incurred a deficit balance representing uncollected, unrecovered earned, **single interest insurance** premium, **we** will pay the lesser of:
 - 1). The uncollected, unrecovered, earned **single interest insurance** premium; or
 - 2). The net loan balance deficit, less unearned interest and insurance charges, collection charges, any penalties or charges that may have been added after the loan was finalized, and any benefit from credit life and disability insurance.

You must provide **us** with documentation of your efforts prior to repossession to collect on the **Security Agreement**.

EXCLUSIONS

This coverage does not apply:

- (1) Unless a premium is charged and the specific coverage is displayed on the Declarations of the Policy.
- (2) To individual loans where a claim has been filed for any of the coverages provided by this Policy.
- (3) Upon cancellation of this Policy.

ADDITIONAL CONDITIONS

Conditions Precedent to Liability - Coverage under this endorsement will not apply while the Actual Loss Ratio exceeds the Permissible Loss Ratio. Coverage will apply only to deficits on accounts for which specific collateral protection insurance has been provided and the premium for which the Insured has added to the borrower's account under the terms of the Security Agreement.

Notification of Loss - You must tell **us** about any loss under this endorsement within 120 days of the date of sale. The date of loss under this endorsement will be the date of repossession. If the insured **collateral** is not repossessed, the date of loss will be the first date upon which the **borrower** had an unpaid installment which was 30 days past due and following which no payments were received from the **borrower** or on his behalf within 90 days immediately following.

Maximum Certificate Term – Coverage provided under this endorsement will apply to multiple certificate terms of **single interest insurance**.

Recovery By You - If **you** recover any portion of the deficit unpaid balance, **you** must return to **us** that portion which exceeds any remaining deficit which **you** may have for that account, to the extent of **our** payment under this endorsement.

Definitions - The following additional definitions apply under this endorsement.

- a). Net Written Premium - is defined as the total of all premium written under this Policy less all return premium for cancellations of individual coverage written under this Policy for the preceding twelve months.
- b). Earned Premium - is defined as that proportion of all Net Written Premium that is earned at any given point in time for the preceding twelve months.
- c). Actual Loss Ratio - is defined as the ratio that the total of the Incurred Losses and Adjustment Expenses, including previous payments under this endorsement, for the preceding twelve months, bears to the total Earned Premium for all coverages under this Policy for the preceding twelve months.
- d). Permissible Loss Ratio – is defined under this endorsement as the ratio (amount selected above) that the total of the Incurred Losses and Adjustment Expenses, including previous payments under this endorsement, for the preceding twelve months, bears to the total Earned Premium for all coverages under this Master Policy for the preceding twelve months.
- e). Incurred Losses - is defined as the total of all paid losses and the reserves for all reported and losses, plus the reserves for unreported losses as computed by **us**, less salvage and subrogation for the preceding twelve months.

All other terms and conditions of the Policy remain unchanged.

Authorized Representative

Date

Policy Holder

Policy Number

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

DEFICIT UNPAID BALANCE PROTECTION COVERAGE ENDORSEMENT (One Certificate Term with Loss)

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

For an additional premium, **we** agree the Policy is extended to provide the following coverage for **your** interest only:

INSURING AGREEMENT

- (1) Where the **collateral** has not been repossessed and the **security agreement** has been paid in full, except for the earned **single interest insurance** premium and no other loss has been presented or paid or is pending, **we** will pay the amount of uncollected, earned, **single interest insurance** premium. **You** must make every reasonable effort, for a period of not less than 90 days, to collect from all responsible parties. **You** must provide documentation of **your** collection activities.
- (2) Where the **collateral** has been repossessed and, after sale or disposal, **you** have incurred a deficit balance representing uncollected, unrecovered earned, **single interest insurance** premium, **we** will pay the lesser of:
 - 1). The uncollected, unrecovered, earned **single interest insurance** premium; or
 - 2). The net loan balance deficit, less unearned interest and insurance charges, collection charges, any penalties or charges that may have been added after the loan was finalized, and any benefit from credit life and disability insurance.

You must provide **us** with documentation of your efforts prior to repossession to collect on the **Security Agreement**.

EXCLUSIONS

This coverage does not apply:

- (1) Unless a premium is charged and the specific coverage is displayed on the Declarations of the Policy.
- (2) Upon cancellation of this Policy.

ADDITIONAL CONDITIONS

Notification of Loss - **You** must tell **us** about any loss under this endorsement within 120 days of the date of sale. The date of loss under this endorsement will be the date of repossession. If the insured **collateral** is not repossessed, the date of loss will be the first date upon which the **borrower** had an unpaid installment which was 30 days past due and following which no payments were received from the **borrower** or on his behalf within 90 days immediately following.

Maximum Certificate Term – Coverage provided under this endorsement will only apply to a maximum of one certificate term of **single interest insurance**.

Recovery By You - If you recover any portion of the deficit unpaid balance, you must return to us that portion which exceeds any remaining deficit which you may have for that account, to the extent of our payment under this endorsement.

All other terms and conditions of the Policy remain unchanged.

Authorized Representative

Date

Policy Holder

Policy Number

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

DEFICIT UNPAID BALANCE PROTECTION COVERAGE ENDORSEMENT (Multiple Certificate Terms with Loss)

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

For an additional premium, **we** agree the Policy is extended to provide the following coverage for **your** interest only:

The Permissible Loss Ratio level under this endorsement is (indicated by the X):

_____ 50%	_____ 55%	_____ 60%
_____ 65%	_____ 70%	_____ 75%

INSURING AGREEMENT

- (1) Where the **collateral** has not been repossessed and the **security agreement** has been paid in full, except for the earned **single interest insurance** premium and no other loss has been presented or paid or is pending, **we** will pay the amount of uncollected, earned, **single interest insurance** premium. **You** must make every reasonable effort, for a period of not less than 90 days, to collect from all responsible parties. **You** must provide documentation of **your** collection activities
- (2) Where the **collateral** has been repossessed and, after sale or disposal, **you** have incurred a deficit balance representing uncollected, unrecovered earned, **single interest insurance** premium, **we** will pay the lesser of:
 - 1). The uncollected, unrecovered, earned **single interest insurance** premium; or
 - 2). The net loan balance deficit, less unearned interest and insurance charges, collection charges, any penalties or charges that may have been added after the loan was finalized, and any benefit from credit life and disability insurance.

You must provide **us** with documentation of your efforts prior to repossession to collect on the **Security Agreement**.

EXCLUSIONS

This coverage does not apply:

- (1) Unless a premium is charged and the specific coverage is displayed on the Declarations of the Policy.
- (2) Upon cancellation of this Policy.

ADDITIONAL CONDITIONS

Conditions Precedent to Liability - Coverage under this endorsement will not apply while the Actual Loss Ratio exceeds the Permissible Loss Ratio. Coverage will apply only to deficits on accounts for which specific collateral protection insurance has been provided and the premium for which the Insured has added to the borrower's account under the terms of the Security Agreement.

Notification of Loss - You must tell **us** about any loss under this endorsement within 120 days of the date of sale. The date of loss under this endorsement will be the date of repossession. If the insured **collateral** is not repossessed, the date of loss will be the first date upon which the **borrower** had an unpaid installment which was 30 days past due and following which no payments were received from the **borrower** or on his behalf within 90 days immediately following.

Maximum Certificate Term – Coverage provided under this endorsement will apply to multiple certificate terms of **single interest insurance**.

Recovery By You - If **you** recover any portion of the deficit unpaid balance, **you** must return to **us** that portion which exceeds any remaining deficit which **you** may have for that account, to the extent of **our** payment under this endorsement.

Definitions - The following additional definitions apply under this endorsement.

- a). Net Written Premium - is defined as the total of all premium written under this Policy less all return premium for cancellations of individual coverage written under this Policy for the preceding twelve months.
- b). Earned Premium - is defined as that proportion of all Net Written Premium that is earned at any given point in time for the preceding twelve months.
- c). Actual Loss Ratio - is defined as the ratio that the total of the Incurred Losses and Adjustment Expenses, including previous payments under this endorsement, for the preceding twelve months, bears to the total Earned Premium for all coverages under this Policy for the preceding twelve months.
- d). Permissible Loss Ratio – is defined under this endorsement as the ratio (amount selected above) that the total of the Incurred Losses and Adjustment Expenses, including previous payments under this endorsement, for the preceding twelve months, bears to the total Earned Premium for all coverages under this Master Policy for the preceding twelve months.
- e). Incurred Losses - is defined as the total of all paid losses and the reserves for all reported and losses, plus the reserves for unreported losses as computed by **us**, less salvage and subrogation for the preceding twelve months.

All other terms and conditions of the Policy remain unchanged.

Authorized Representative

Date

Policy Holder

Policy Number

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

REPOSSESSED COLLATERAL COVERAGE ENDORSEMENT (per Outstanding Eligible Loans)

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

For the appropriate premium credit or debit, **we** agree the Policy is extended to provide the following coverage for **your** interest only:

REPOSSESSED COLLATERAL COVERAGE. Coverage under this Policy is provided for up to 120 days after the date of repossession, but only while the **collateral** is:

- (1) Being repossessed by **you**; or
- (2) Held by **you** for sale after repossession; or
- (3) Pending delivery after sale; or
- (4) Stored in a locked and enclosed area.
- (5) The Permissible Loss Ratio level under this endorsement is (indicated by the X):

_____ 50%	_____ 55%	_____ 60%
_____ 65%	_____ 70%	_____ 75%
_____ No Permissible Loss Ratio Cap Applied		

ADDITIONAL EXCLUSIONS

This coverage does not apply:

- (1) Unless a premium is charged and the specific coverage is displayed on the Declarations of the Policy.
- (2) Unless the **collateral** is in **your** care, custody and control.
- (3) Unless the Policy remains in force during the extended coverage period.
- (4) To any **collateral** owned by **you** for use in **your** business.
- (5) To any **collateral** rented or leased to others.
- (6) To any **collateral** in the care, custody, or control of a sales agency or dealer.

ADDITIONAL CONDITIONS

ALL RISK COVERAGE – This Policy insures against all risks of direct and accidental loss to the **collateral**, except as specifically excluded in this Policy.

Conditions Precedent to Liability - Coverage under this endorsement will not apply while the Actual Loss Ratio exceeds the Permissible Loss Ratio.

Definitions - The following additional definitions apply under this endorsement.

- a). Net Written Premium - is defined as the total of all premium written under this Policy less all return premium for cancellations of individual coverage written under this Policy for the preceding twelve months.
- b). Earned Premium - is defined as that proportion of all Net Written Premium that is earned at any given point in time for the preceding twelve months.
- c). Actual Loss Ratio - is defined as the ratio that the total of the Incurred Losses and Adjustment Expenses, including previous payments under this endorsement, for the preceding twelve months, bears to the total Earned Premium for all coverages under this Policy for the preceding twelve months.
- d). Permissible Loss Ratio – is defined under this endorsement as the ratio (amount selected above) that the total of the Incurred Losses and Adjustment Expenses, including previous payments under this endorsement, for the preceding twelve months, bears to the total Earned Premium for all coverages under this Policy for the preceding twelve months.
- e). Incurred Losses - is defined as the total of all paid losses and the reserves for all reported losses, plus the reserves for unreported losses as computed by **us**, less salvage and subrogation for the preceding twelve months.

All other terms and conditions of the Policy remain unchanged.

Authorized Representative

Date

Policy Holder

Policy Number

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

INSTRUMENT NON-FILING ERRORS AND OMISSIONS COVERAGE ENDORSEMENT (per Outstanding Eligible Loans)

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

For an additional premium, **we** agree that **your** Policy is extended to provide the following coverage for **your** interest only:

INSTRUMENT NON-FILING ERRORS AND OMISSIONS COVERAGE:

We shall pay for any direct loss **you** may sustain during the term of this Policy by reason of having in good faith and in the usual course of business, taken, received, made advances on, made loans against or extended credit upon a legally executed and enforceable **instrument** as security for a loan to a **borrower** or purchased such an **instrument** from others, but only to the extent that **you** are prevented from:

- (a) obtaining possession or retaining the proceeds of the **collateral** represented by an **instrument**;
- (b) enforcing **your** rights under an **instrument**;

solely because **you** have inadvertently or unintentionally or through error or omission not recorded or filed the **instrument** with the proper Public Officer or Public Office or the proper Public Officer or Public Office did not show **your** encumbrance thereon if the **instrument** be a Certificate of Title.

ADDITIONAL DEFINITION

INSTRUMENT: Means in this endorsement only, a Certificate of Title, a Chattel Mortgage, a Conditional Bill of Sale, a Conditional Sales Contract, a Chattel Trust Deed, a **Security Agreement**, a Financial Statement, a Bailment Lease, a Trust Receipt, a Deed of Trust, or a Bill of Sale to secure debt, evidencing or creating or reserving a lien in chattels or interest in the **collateral** specified as eligible **collateral** in the declarations, which is held as collateral for a loan made by **you** and scheduled for payment on an equal monthly installment basis.

ADDITIONAL EXCLUSIONS

We shall not provide coverage unless a premium is charged and the specific coverage is displayed on the Declarations of this policy. This coverage also does **not** apply to any loss due directly or indirectly to:

- (1) forgery or use of an alias;
- (2) **your** failure to attempt to repossess the **collateral** before the account becomes 120 days delinquent.
- (3) any loan made to any dealer or his employee whether or not the **collateral** is held for resale;
- (4) loss occurring after the **collateral** has been repossessed or placed in the possession of **you**, **your** employees, or **your** agents.
- (5) loss occurring due to the borrower's failure to properly file the **instrument** with the proper Public Officer or Public Office.

ADDITIONAL CONDITIONS

PRIOR DEFECT IN TITLE: Any direct loss due to a lien, encumbrance, or defect in title which existed at the time the loan or advance was made by **you** is not covered by this insurance.

IMPAIRMENT OF INTEREST: Under no circumstance will **we** make any payment unless **your** interest is impaired by reason of the **borrower** having defaulted in his obligations to **you**.

LOCATION OF COLLATERAL: There will be no liability under this endorsement unless at the time claim is made, the **collateral** represented by the **instrument** has been located by **you** or the person, persons or corporation who has title to the **collateral** has been located by **you** and it definitely has been determined that such person or corporation has claim or title superior to the lien held by **you**.

ASSISTANCE AND COOPERATION OF THE NAMED INSURED: **You** will use due diligence and do and concur in doing all things reasonable and practicable to avoid or diminish any loss covered by this insurance; failure to record or file an **instrument** with the proper Public Officer or Public Office will not be considered as failure by **you** to use due diligence.

All other terms and conditions of the Policy remain unchanged.

Authorized Representative

Date

Policy Holder

Policy Number

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

POST OFFICE ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

LOSS PAYEE PROTECTION ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

In consideration of the premium charged, **we** agree the Policy is extended to provide the following coverage for **your** interest only:

1. In the event of a loss which occurred prior to repossession of the **collateral** that is insured by other insurance coverage, **we** will indemnify **you** if the other insurance is uncollectible because:
 - a. The **Borrower** has already collected for the loss, either from the carrier for the other insurance, or from a third party to the accident; or
 - b. Limitations in the Loss Payable Clause of the other insurance prohibit **you** as Lienholder from collecting.
2. In the event of a loss which occurred prior to repossession of the **collateral** that is insured under **our** Collateral Protection Certificate of Insurance, **we** will indemnify **you**:
 - a. The application of any deductible; or
 - b. For denial of coverage due to loss resulting from the following if done without **your** knowledge or express consent:
 - 1). **Your borrower's** willful or deliberate actions; and
 - 2). Damage that occurs while the collateral is involved in a formal or informal racing or sporting event; and
 - 3). If the **Borrower** has already collected for the loss, either from the carrier for the other insurance, or from a third party to the accident; and
 - 4). Damage that occurs while the collateral is involved in any illegal activity.
3. Payment of loss will be made solely to **you**.
4. Whenever **we** make a payment for loss under this endorsement, **we** are subrogated to **your** rights to recover for that loss from any other person or entity. Your right to recovery for a loss that was partially or totally caused by someone else is automatically transferred to **us**. After the loss, **you** may not give up **our** right to recover this money or do anything that would prevent **us** from recovering it.

For the purpose of this coverage it is understood and agreed that Section III– Exclusions – items 13. and 14. are deleted from the Policy.

For the purpose of this coverage it is understood and agreed that Section III– Exclusions – item 15. is revised as follows:

15. Loss to any **collateral** that is used for hire and public transportation.

All other terms and conditions of the Policy remain unchanged.

Authorized Representative

Date

Policy Holder

Policy Number

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

LOAN BALANCE PROTECTION ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

LOAN BALANCE PROTECTION

In consideration of the premium charged and in the event of a loss under a **Single Interest Insurance** physical damage certificate, coverage is extended to **you** and **the borrower** for **your** and the **borrower's** interest in excess of the Actual Cash Value.

For the purpose of this coverage it is understood and agreed that Section V – Conditions – B. CONDITIONS PRECEDENT TO LIABILITY, items 2., 3., and 4., are deleted from the Policy.

For the purpose of this coverage it is understood and agreed that Section IV – Company Liability, B. is replaced by the following:

- B. **We** will pay **you** the amount in excess of a settlement based on Actual Cash Value and a settlement based on the lesser of the following:
- a. The amount necessary to repair the **collateral** to its pre-loss condition;
 - b. The amount necessary to replace the **collateral** with like kind and quality;
 - c. The net unpaid loan balance, less any towing or storage charges incurred in excess of the Limited Towing and Storage Coverage provided by your Collateral Protection Single Interest Master Policy; and
 - d. The limits shown on the Declarations Page.

All other provisions of the Policy remain unchanged.

Authorized Representative

Date

Master Policy Holder

Master Policy Number

<i>SERFF Tracking Number:</i>	<i>AMMH-125771139</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Modern Home Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>20080502-06</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Forms-CPI - 2008</i>		
<i>Project Name/Number:</i>	<i>Forms-CPI - 2008/20080502-06</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AMMH-125771139 State: Arkansas
Filing Company: American Modern Home Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 20080502-06
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Forms-CPI - 2008
Project Name/Number: Forms-CPI - 2008/20080502-06

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 08/28/2008

Comments:

Attachment:

F777AR_Pand C Transmittal Document.pdf

Satisfied -Name: Summary of the Form Changes **Review Status:** Approved 08/28/2008

Comments:

Attachments:

Arkansas - Collateral Protection Program - Summary of Form Revisions - 2008 versus 1992.pdf

Arkansas - Collateral Protection Program Forms Matrix - 2008 v 1992.pdf

Satisfied -Name: Proposed Forms Page **Review Status:** Approved 08/28/2008

Comments:

Attachment:

Proposed Forms Pages.pdf

Satisfied -Name: Revised Forms Page and Forms **Review Status:** Approved 08/28/2008

Comments:

Attachments:

Proposed Forms Pages-Revised 08-28-08.pdf

AR-CI (08-08).pdf

ARCIA (08-08).pdf

CP-AR (08-08).pdf

LB-AR (08-08).pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Group NAIC #
American Modern Insurance Group	127

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Modern Home Insurance Company	OH	23469	31-0715697	34

5. Company Tracking Number	20080502-06
-----------------------------------	--------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Mellisa Anderson	Filing Analyst	800-759-9008 x5835	513-947-4929	melanderson@amig.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Mellisa M. Anderson

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	9.0 Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	9.0005 Other Commerical Inland Marine
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	Forms-CPI - 2008
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: upon approval Renewal: upon approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	08/13/2008

19. Status of filing in domicile☐ Not Filed ☐ Pending ☒ Authorized ☐ Disapproved**Property & Casualty Transmittal Document—****20. This filing transmittal is part of Company Tracking #**

20080502-06

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

The purpose of this filing is to update the Collateral Protection Single Interest Program Forms. There will be 34 forms changing. Below are the forms that are changing.

Form Number Form Title

CP-DC (Rev. 05/07) Master Policy Declarations
 CP-MP (Rev. 05/07) All Risk Physical Damage Master Policy
 LB-DC (Rev. 05/07) Lender Coverages Policy Declarations
 LB-MP (Rev. 05/07) Lender Coverages Policy Form
 CP-13 (03/97) Eligible Collateral Endorsement
 CP-SC (Rev. 01/08) Borrower's Schedule
 CP-CI (Rev. 05/07) Borrower's Certificate of Insurance

II. PHYSICAL DAMAGE COVERAGE OPTIONAL FORMS & ENDORSEMENTS

Form Number Form Title

CP-01 (03/97) General Change Endorsement
 CP-02 (Rev. 05/07) Waiver of Repossession Endorsement
 CP-15 (Rev. 05/07) Actual Cash Value Settlement Option Endorsement
 CP-16 (Rev. 05/07) Single Interest Deductible Endorsement
 CP-CIA (Rev. 05/07) Borrower's Certificate of Insurance (ACV Settlement Option)
 CP-20 (01/04) Limited Towing and Storage Endorsement
 CP-CV (05/07) Commercial Vehicle Coverage Endorsement
 CP-PR (05/07) Pro-Rata Cancellation Endorsement
 LB-03 (Rev. 05/07) Confiscation, Conversion, and Secretion Coverage Endorsement
 (Broad Form per Outstanding Eligible Loans)
 LB-33 (05/07) Confiscation, Conversion, and Secretion Coverage Endorsement
 (Broad Form w/Single Interest Insurance)
 LB-53 (05/07) Confiscation, Conversion, and Secretion Coverage Endorsement
 (Standard Form per Outstanding Eligible Loans)
 LB-73 (05/07) Confiscation, Conversion, and Secretion Coverage Endorsement
 (Standard Form w/Single Interest Insurance)
 LB-63 (11/07) Confiscation, Conversion and Secretion Coverage Change Endorsement

LB-04 (Rev. 05/07) Repossession Reimbursement Coverage Endorsement
 (w/Single Interest Insurance)

LB-54 (05/07) Repossession Reimbursement Coverage Endorsement
 (per Outstanding Eligible Loans)

LB-05 (Rev. 05/07) Mechanics Lien Reimbursement Coverage Endorsement
 (w/Single Interest Insurance)

LB-55 (05/07) Mechanics Lien Reimbursement Coverage Endorsement
 (per Outstanding Eligible Loans)

LB-06 (Rev. 05/07) Repossession Storage Reimbursement Expense Coverage Endorsement (w/Single Interest Insurance)

LB-56 (05/07) Repossession Storage Reimbursement Expense Coverage Endorsement
 (per Outstanding Eligible Loans)

LB-07 (Rev. 05/07) Deficit Unpaid Balance Protection Coverage Endorsement
(One Certificate without Loss)
LB-57 (05/07) Deficit Unpaid Balance Protection Coverage Endorsement
(Multiple Certificates without Loss)
LB-87 (05/07) Deficit Unpaid Balance Protection Coverage Endorsement
(One Certificate with Loss)
LB-97 (05/07) Deficit Unpaid Balance Protection Coverage Endorsement
(Multiple Certificates with Loss)

LB-08 (Rev. 05/07) Repossessed Collateral Coverage Endorsement

LB-12 (Rev. 05/07) Instrument Non-Filing Errors and Omissions Coverage Endorsement

LB-14 (01/04) Loss Payee Protection Endorsement

LB-15 (01/04) Loan Balance Protection Endorsement

22.

Filing Fees (Filer must provide check # and fee amount if applicable)

[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:

Amount: \$50.00

Processing a \$50.00 EFT payment through SERFF

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

Collateral Protection Program
Summary of Form Revisions (2008 v. 1992)
State of Arkansas

* Please review Forms Matrix to determine which 2008 form replaces its 1992 counterpart.

I. Mandatory Forms and Endorsements

Master Policy Declarations: CP-DC (Rev. 05/07)

- 1). The declarations has been revised to reflect the change of the Master Policy form to All Risk.
- 2). Generic Fraud Language has been added to the declarations.

All Risk Physical Damage Master Policy: CP-MP (Rev. 05/07)

- 1). Definitions have been added to the Master Policy for Vehicle and Actual Cash Value.
- 2). The Master Policy has been revised to provide All Risk Physical Damage Coverage.
- 3). Coverage has been excluded for DVD Players, GPS Systems, and Radar Devices which are not permanently installed by manufacturer or dealer.
- 4). Exclusions #15 and #16 have been clarified.
- 5). Exclusion #20 clarifies coverage for Aircraft under the Master Policy.
- 6). Under Company Liability, item B.2.f. has been revised to 120 days past due.
- 7). Under Company Liability, item B. 4. has been revised to clarify the application of the deductible.
- 8). Negative Equity language has been added to the Company Liability section under item C.2.
- 9). Under Section III – Coverage B has been updated with revised endorsement edition dates.
- 10). Under Conditions – L. Cancellation – Special Conditions – item #3 has been added.

Eligible Collateral Endorsement: CP-13 (03/97)

- 1). Lists the collateral types eligible for coverage under the All Risk Physical Damage Master Policy.

Borrower's Schedule: CP-SC (Rev. 01/08)

- 1). Schedule Page for a single Collateral covered under the All Risk Physical Damage Master Policy.

Borrower's Certificate of Insurance: CP-CI (Rev. 05/07)

- 1). Provides the borrower with a summary of coverage provided by the All Risk Physical Master Policy.

II. Physical Damage Coverage Optional Forms and Endorsements

General Change Endorsement: CP-01 (03/97)

- 1). No Revisions.

Waiver of Repossession Endorsement: CP-02 (Rev. 05/07)

- 1). The deductible schedule has been added to the endorsement.
- 2). Under Company Liability, item B.2.f. has been revised to 120 days past due.
- 3). Under Company Liability, item B. 4. has been revised to clarify the application of the deductible.
- 4). Under Company Liability, item B.5. has been added.
- 5). Negative Equity language has been added to the Company Liability section under item C.2.

Actual Cash Value Settlement Option Endorsement: CP-15 (Rev. 05/07)

- 1). Under Company Liability, item B.2.f. has been revised to 120 days past due.
- 2). Under Company Liability, item B.3. has been revised to clarify the application of Actual Cash Value.
- 3). Under Company Liability, item B. 5. has been revised to clarify the application of the deductible.
- 4). Under Company Liability, item B.6. has been added.

Single Interest Deductible Endorsement: CP-16 (Rev. 05/07)

- 1). The deductible schedule has been added to the endorsement.
- 2). Under Company Liability, item B. 4. has been revised to clarify the application of the deductible.
- 3). Under Company Liability, item B.5. has been added.

Limited Towing and Storage Endorsement: CP-20 (01/04)

- 1). No Revisions.

Commercial Vehicle Coverage Endorsement: CP-CV (05/07)

- 1). The endorsement provides coverage for vehicles which are used for hire or engaged in commerce.

Pro-Rata Cancellation Endorsement: CP-PR (05/07)

- 1). The endorsement provides that all premium will be refunded using the pro-rata cancellation method.

Borrower's Certificate of Insurance: CP-CIA (Rev. 05/07)

- 1). The certificate of insurance has been revised to mirror the All Risk Physical Damage Master Policy when the Actual Cash Value Settlement Option Endorsement is attached to the All Risk Physical Damage Master Policy.

III. Lender Coverage Forms and Endorsements

Lender Coverages Policy Declarations : LB-DC (Rev. 05/07)

- 1). The coverage, rate, and limit grid has been update to reflect new and revised coverages under the policy.

Lender Coverages Policy Form: LB-MP (Rev. 05/07)

- 1). A definition for Actual Cash Value has been added to the policy.
- 2). The Insuring Agreement has been updated with the revised endorsement titles and edition dates.
- 3). Negative Equity language has been added to the Company Liability section under item C.2.

Lender Coverages with Single Interest Insurance

1). Confiscation, Conversion, and Secretion (New Endorsement)

LB – 33 (05/07): Confiscation, Conversion, and Secretion Coverage (Broad Form)

LB – 73 (05/07): Confiscation, Conversion, and Secretion Coverage (Standard Form)

- a). Requires the issuance of a certificate providing single interest insurance under the Collateral Protection Master Policy.
- b). The Broad Form requires that the collateral must be located.
- c). The Standard Form requires that the collateral and borrower must be located.
- d). The Security Agreement and title must be assigned for payment under the endorsement.

2). Revised Endorsements

LB-04 (Rev. 05/07): Repossession Reimbursement

LB-05 (Rev. 05/07): Mechanics Lien Reimbursement

LB-06 (Rev. 05/07): Repossession Storage Reimbursement

- a). A selection grid for optional limits ranging from \$500 to \$2,500 in increments has been added to the endorsements.
- b). Transportation charges are excluded under the endorsements.
- c). Requires the issuance of a certificate providing single interest insurance under the Collateral Protection Master Policy.

3). Deficit Unpaid Balance Protection Coverage Endorsement (New / Revised Endorsement)

LB-07 (Rev. 05/07): Deficit Unpaid Balance Protection Coverage (One Certificate Term without Loss)
LB-57 (05/07): Deficit Unpaid Balance Protection Coverage (Multiple Terms Without Loss)

- a). The number of days to provide notification of loss has been revised to 120 days.
- b). Dependent upon the endorsement, coverage is provided for one term or multiple terms of single interest insurance.
- c). Under the endorsement version providing coverage for multiple terms of single interest insurance, a loss ratio cap range of 50% to 75% has been included in the endorsement.
- d). Coverage is only valid if there is not All Risk Physical Damage loss.

LB-87 (05/07): Deficit Unpaid Balance Protection Coverage (One Certificate Term with Loss)
LB-97 (05/07): Deficit Unpaid Balance Protection Coverage (Multiple Terms with Loss)

- a). The number of days to provide notification of loss has been revised to 120 days.
- b). Dependent upon the endorsement, coverage is provided for one term or multiple terms of single interest insurance.
- c). Under the endorsement version providing coverage for multiple terms of single interest insurance, a loss ratio cap range of 50% to 75% has been included in the endorsement.
- d). Coverage is valid if there is a All Risk Physical Damage loss.

Lender Coverages per Outstanding Eligible Loans

1). Confiscation, Conversion, and Secretion (New / Revised Endorsements)

LB – 03 (Rev. 05/07): Confiscation, Conversion, and Secretion Coverage (Broad Form)
LB – 53 (05/07): Confiscation, Conversion, and Secretion Coverage (Standard Form)

- a). The Broad Form requires that the collateral must be located.
- b). The Standard Form requires that the collateral and borrower must be located.
- c). The Security Agreement and title must be assigned for payment under the endorsement.

2). New Endorsements

LB-54 (05/07): Repossession Reimbursement
LB-55 (05/07): Mechanics Lien Reimbursement
LB-56 (05/07): Repossession Storage Reimbursement

- a). A selection grid for optional limits ranging from \$500 to \$2,500 in increments has been added to the endorsements.
- b). Transportation charges are excluded under the endorsements.
- c). A loss ratio cap range of 50% to 75% has been implemented in the endorsements.

3). Revised Endorsements

LB-08 (Rev. 05/07): Repossession Collateral Coverage
LB-12 (Rev. 05/07): Instrument Non-Filing Errors and Omissions Coverage

- a). LB-08, a loss ratio cap range of 50% to 75% has been implemented in the endorsement.
- b). LB-08, the endorsement provides All Risk Coverage.
- c). LB-12, excludes the borrower's failure to properly file the instrument.

4). Endorsements No Revisions

LB-14 (01/04): Loss Payee Protection Coverage
LB-15 (01/04): Loan Balance Protection Coverage

Lender Coverages – Skip Coverage Change Endorsement

1). Confiscation, Conversion, and Secretion Coverage Change Endorsement (New Endorsement)

LB – 63 (11/07): Confiscation, Conversion, and Secretion Coverage Change

- a). Item #1 selects the deductible level under the following endorsements: LB-33, LB-73, LB-03, and LB-53.
- b). Item #2 revises the number of days required to give written notice of loss under the following endorsements: LB-33, LB-73, LB-03, and LB-53.
- c). Item #3 selects the loss ratio cap under the following endorsements: LB-33, LB-73, LB-03, and LB-53.

State Endorsements

None.

**Collateral Protection Program
Forms Matrix - State of Arkansas**

2008 Collateral Protection Program		1992 Collateral Protection Program	
<u>Form Number</u>	<u>Form Title</u>	<u>Form Number</u>	<u>Form Title</u>
LB-MP (Rev. 05/07)	Lender Coverages Policy Form	CPS 1-M (11/91)	Master Policy Insuring Agreement
LB-03 (Rev. 05/07)	Confiscation, Conversion, and Secretion Coverage Endorsement (Broad Form per Outstanding Eligible Loans)		N/A
LB-33 (05/07)	Confiscation, Conversion, and Secretion Coverage Endorsement (Broad Form w/Single Interest Insurance)		N/A
LB-53 (05/07)	Confiscation, Conversion, and Secretion Coverage Endorsement (Standard Form per Outstanding Eligible Loans)		N/A
LB-73 (05/07)	Confiscation, Conversion, and Secretion Coverage Endorsement (Standard Form w/Single Interest Insurance)	CPS 5 (11/91)	Confiscation, Conversion, and Secretion Coverage Endorsement
LB-63 (11/07)	Confiscation, Conversion and Secretion Coverage Change Endorsement		N/A
LB-04 (Rev. 05/07)	Repossession Reimbursement Coverage Endorsement (w/Single Interest Insurance)	CPS 8 (Rev. 03/04)	Repossession Expense Coverage Endorsement
LB-54 (05/07)	Repossession Reimbursement Coverage Endorsement (per Outstanding Eligible Loans)		N/A
LB-05 (Rev. 05/07)	Mechanics Lien Reimbursement Coverage Endorsement (w/Single Interest Insurance)	CPS 6 (11/91)	Mechanics Lien Coverage Endorsement
LB-55 (05/07)	Mechanics Lien Reimbursement Coverage Endorsement (per Outstanding Eligible Loans)		N/A
LB-06 (Rev. 05/07)	Repossession Storage Reimbursement Expense Coverage Endorsement (w/Single Interest Insurance)	CPS 10 (11/91)	Repossession Storage Expense Coverage Endorsement
LB-56 (05/07)	Repossession Storage Reimbursement Expense Coverage Endorsement (per Outstanding Eligible Loans)		N/A
LB-07 (Rev. 05/07)	Deficit Unpaid Balance Protection Coverage Endorsement (One Certificate w/o Loss)	CPS 7 (11/01)	Deficit Unpaid Balance Protection Coverage Endorsement
LB-57 (05/07)	Deficit Unpaid Balance Protection Coverage Endorsement (Multiple Certificates w/o Loss)		N/A
LB-87 (05/07)	Deficit Unpaid Balance Protection Coverage Endorsement (One Certificate w/ Loss)		N/A
LB-97 (05/07)	Deficit Unpaid Balance Protection Coverage Endorsement (Multiple Certificates w/ Loss)		N/A

**Collateral Protection Program
Forms Matrix - State of Arkansas**

2008 Collateral Protection Program		1997 Collateral Protection Program	
<u>Form Number</u>	<u>Form Title</u>	<u>Form Number</u>	<u>Form Title</u>
LB-08 (Rev. 05/07)	Reposessed Collateral Coverage Endorsement	CPS 11 (11/91)	Reposessed Collateral Coverage Endorsement
LB-12 (Rev. 05/07)	Instrument Non-Filing Errors and Omissions Coverage Endorsement	CPS NF (07/93)	Instrument Non-Filing Errors and Omissions Coverage Endorsement
LB-14 (01/04)	Loss Payee Protection Endorsement	CPS 31 (03/04)	Loss Payee Protection Endorsement
LB-15 (01/04)	Loan Balance Protection Endorsement	CPS 32 (03/04)	Loan Balance Protection Endorsement
Deleted Endorsements			
		CPS 9 (11/91)	Repossession Expense Coverage Endorsement
		CPS 17 (11/91)	Premium Coverage Endorsement

I. MANDATORY FORMS & ENDORSEMENTS

<u>Form Number</u>	<u>Form Title</u>
CP-DC (Rev. 05/07)	Master Policy Declarations
CP-MP (Rev. 05/07)	All Risk Physical Damage Master Policy
LB-DC (Rev. 05/07)	Lender Coverages Policy Declarations
LB-MP (Rev. 05/07)	Lender Coverages Policy Form
CP-13 (03/97)	Eligible Collateral Endorsement
CP-SC (Rev. 01/08)	Borrower's Schedule
CP-CI (Rev. 05/07)	Borrower's Certificate of Insurance

II. PHYSICAL DAMAGE COVERAGE OPTIONAL FORMS & ENDORSEMENTS

<u>Form Number</u>	<u>Form Title</u>
CP-01 (03/97)	General Change Endorsement
CP-02 (Rev. 05/07)	Waiver of Repossession Endorsement
CP-15 (Rev. 05/07)	Actual Cash Value Settlement Option Endorsement
CP-16 (Rev. 05/07)	Single Interest Deductible Endorsement
CP-CIA (Rev. 05/07)	Borrower's Certificate of Insurance (ACV Settlement Option)
CP-20 (01/04)	Limited Towing and Storage Endorsement
CP-CV (05/07)	Commercial Vehicle Coverage Endorsement
CP-PR (05/07)	Pro-Rata Cancellation Endorsement

COLLATERAL PROTECTION PROGRAM FORMS PAGE - PAGE 9

III. LENDER COVERAGES OPTIONAL FORMS & ENDORSEMENTS

<u>Form Number</u>	<u>Form Title</u>
LB-03 (Rev. 05/07)	Confiscation, Conversion, and Secretion Coverage Endorsement (Broad Form per Outstanding Eligible Loans)
LB-33 (05/07)	Confiscation, Conversion, and Secretion Coverage Endorsement (Broad Form w/Single Interest Insurance)
LB-53 (05/07)	Confiscation, Conversion, and Secretion Coverage Endorsement (Standard Form per Outstanding Eligible Loans)
LB-73 (05/07)	Confiscation, Conversion, and Secretion Coverage Endorsement (Standard Form w/Single Interest Insurance)
LB-63 (11/07)	Confiscation, Conversion and Secretion Coverage Change Endorsement
LB-04 (Rev. 05/07)	Repossession Reimbursement Coverage Endorsement (w/Single Interest Insurance)
LB-54 (05/07)	Repossession Reimbursement Coverage Endorsement (per Outstanding Eligible Loans)
LB-05 (Rev. 05/07)	Mechanics Lien Reimbursement Coverage Endorsement (w/Single Interest Insurance)
LB-55 (05/07)	Mechanics Lien Reimbursement Coverage Endorsement (per Outstanding Eligible Loans)
LB-06 (Rev. 05/07)	Repossession Storage Reimbursement Expense Coverage Endorsement (w/Single Interest Insurance)
LB-56 (05/07)	Repossession Storage Reimbursement Expense Coverage Endorsement (per Outstanding Eligible Loans)
LB-07 (Rev. 05/07)	Deficit Unpaid Balance Protection Coverage Endorsement (One Certificate without Loss)
LB-57 (05/07)	Deficit Unpaid Balance Protection Coverage Endorsement (Multiple Certificates without Loss)
LB-87 (05/07)	Deficit Unpaid Balance Protection Coverage Endorsement (One Certificate with Loss)
LB-97 (05/07)	Deficit Unpaid Balance Protection Coverage Endorsement (Multiple Certificates with Loss)
LB-08 (Rev. 05/07)	Reposessed Collateral Coverage Endorsement
LB-12 (Rev. 05/07)	Instrument Non-Filing Errors and Omissions Coverage Endorsement
LB-14 (01/04)	Loss Payee Protection Endorsement
LB-15 (01/04)	Loan Balance Protection Endorsement

I. MANDATORY FORMS & ENDORSEMENTS

<u>Form Number</u>	<u>Form Title</u>
CP-DC (Rev. 05/07)	Master Policy Declarations
CP-MP (Rev. 05/07)	All Risk Physical Damage Master Policy
LB-DC (Rev. 05/07)	Lender Coverages Policy Declarations
LB-MP (Rev. 05/07)	Lender Coverages Policy Form
CP-13 (03/97)	Eligible Collateral Endorsement
CP-SC (Rev. 01/08)	Borrower's Schedule
AR-CI (08/08)	Borrower's Certificate of Insurance
CP-AR (08/08)	Arkansas Amendatory Endorsement
LB-AR (08/08)	Arkansas Amendatory Endorsement

II. PHYSICAL DAMAGE COVERAGE OPTIONAL FORMS & ENDORSEMENTS

<u>Form Number</u>	<u>Form Title</u>
CP-01 (03/97)	General Change Endorsement
CP-02 (Rev. 05/07)	Waiver of Repossession Endorsement
CP-15 (Rev. 05/07)	Actual Cash Value Settlement Option Endorsement
CP-16 (Rev. 05/07)	Single Interest Deductible Endorsement
AR-CIA (08/08)	Borrower's Certificate of Insurance (ACV Settlement Option)
CP-20 (01/04)	Limited Towing and Storage Endorsement
CP-CV (05/07)	Commercial Vehicle Coverage Endorsement
CP-PR (05/07)	Pro-Rata Cancellation Endorsement

COLLATERAL PROTECTION PROGRAM FORMS PAGE - PAGE 9

III. LENDER COVERAGES OPTIONAL FORMS & ENDORSEMENTS

<u>Form Number</u>	<u>Form Title</u>
LB-03 (Rev. 05/07)	Confiscation, Conversion, and Secretion Coverage Endorsement (Broad Form per Outstanding Eligible Loans)
LB-33 (05/07)	Confiscation, Conversion, and Secretion Coverage Endorsement (Broad Form w/Single Interest Insurance)
LB-53 (05/07)	Confiscation, Conversion, and Secretion Coverage Endorsement (Standard Form per Outstanding Eligible Loans)
LB-73 (05/07)	Confiscation, Conversion, and Secretion Coverage Endorsement (Standard Form w/Single Interest Insurance)
LB-63 (11/07)	Confiscation, Conversion and Secretion Coverage Change Endorsement
LB-04 (Rev. 05/07)	Repossession Reimbursement Coverage Endorsement (w/Single Interest Insurance)
LB-54 (05/07)	Repossession Reimbursement Coverage Endorsement (per Outstanding Eligible Loans)
LB-05 (Rev. 05/07)	Mechanics Lien Reimbursement Coverage Endorsement (w/Single Interest Insurance)
LB-55 (05/07)	Mechanics Lien Reimbursement Coverage Endorsement (per Outstanding Eligible Loans)
LB-06 (Rev. 05/07)	Repossession Storage Reimbursement Expense Coverage Endorsement (w/Single Interest Insurance)
LB-56 (05/07)	Repossession Storage Reimbursement Expense Coverage Endorsement (per Outstanding Eligible Loans)
LB-07 (Rev. 05/07)	Deficit Unpaid Balance Protection Coverage Endorsement (One Certificate without Loss)
LB-57 (05/07)	Deficit Unpaid Balance Protection Coverage Endorsement (Multiple Certificates without Loss)
LB-87 (05/07)	Deficit Unpaid Balance Protection Coverage Endorsement (One Certificate with Loss)
LB-97 (05/07)	Deficit Unpaid Balance Protection Coverage Endorsement (Multiple Certificates with Loss)
LB-08 (Rev. 05/07)	Reposessed Collateral Coverage Endorsement
LB-12 (Rev. 05/07)	Instrument Non-Filing Errors and Omissions Coverage Endorsement
LB-14 (01/04)	Loss Payee Protection Endorsement
LB-15 (01/04)	Loan Balance Protection Endorsement

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

BORROWER'S CERTIFICATE OF INSURANCE – STATE OF ARKANSAS

This Certificate along with the attached Schedule forms a complete notice as issued to you, the Borrower. This Certificate contains only selected portions of the Master Policy issued to the Lender. It DOES NOT include all of the limitations and terms of the Master Policy. You may review the Master Policy at the Lender's Address shown in the Schedule.

PERILS INSURED AGAINST

ALL RISK COVERAGE – This Certificate insures against all risks of direct and accidental loss to the **collateral**, except as specifically excluded in this Certificate.

EXCLUSIONS

- A. **1).** Declared or Undeclared War, Insurrection, or any of their consequences. **2).** Riot or Civil commotion. **3).** Wear and Tear, Freezing, Mechanical or Electrical Breakdown or Failure. **4).** Nuclear or Atomic Energy of any form. **5).** Radioactive Contamination. **6).** Loss which occurs outside of the Certificate's effective date. **7).** Loss to any collateral on which the Lender has elected to waive insurance follow-up. **8).** The additional cost of repairing or replacing Customized Paint or Finishing and Additional Equipment and Structural or Body Changes. **9).** Loss to tapes, compact discs, cassettes, cartridges, or other sound reproducing devices designed for use with sound reproducing equipment. **10).** Loss to the following equipment or other sound reproducing devices, unless it is permanently installed by the manufacturer or dealer as of the date of the security agreement: Tape players and/or compact disc players, Citizen's band radio, Two-way mobile radio, Telephone, Scanning monitor receiver, Including speakers, antennas and other accessories, DVD players, GPS systems, and Radar devices. **11).** Loss to an eligible collateral held as collateral under any floor plan or field warehouse type of financing. **12).** Loss due to Confiscation by Governmental or Civil Authority of the collateral; and Conversion, or Secretion by any person in lawful possession of the collateral under a lease agreement, conditional sales contract, mortgage or other encumbrance. **13).** Loss due to blowouts, punctures or other road damages to tires unless caused by another loss covered by this Certificate. **14).** Loss while the collateral is used in any illegal activity. **15).** Loss to any collateral that is a semi-tractor, tractor trailer, or a vehicle that has 3 or more axles. **16).** Loss to any collateral used in a formal or informal racing or sporting event. **17).** We will not pay for loss arising from any lien, encumbrance or defect in title which existed at the time the loan was made by the Lender; or the Lender's failure to make the necessary filing to perfect and establish the priority of the security agreement. **18).** Loss resulting directly or indirectly from any dishonest, fraudulent, or criminal act by the Lender, the Lender's officers or employees, you, or any dealer from whom the Lender may acquire the security agreement. **19).** Loss resulting from any amount which is in excess of the balance used to calculate premium shown in ITEM 3 of the Schedule page. **20).** Coverage is not provided for Aircraft which are in motion.
- B. This Certificate does not grant coverage for the benefit of any person or organization holding, storing, or transporting the collateral for a fee.

COMPANY LIABILITY

We may pay for a covered loss in money, repair or replace the damaged or stolen collateral. We may keep all or part of the collateral at an agreed or appraised value, but the collateral cannot be abandoned

to us without our agreement. Indemnity payments may be made solely to the Lender to exceed the amount of the loan balance and pursuant to the specific limitations under the applicable coverage. This is physical damage insurance. The most we will pay for a covered loss is the smallest of the following amounts after deduction of any compensation for the loss paid to Lender by any other source:

1. The amount necessary to repair or replace the damaged or stolen collateral.
2. The remaining balance due to the Lender, as represented by your unpaid balance less:
 - a). Unearned finance or interest charges, computed in accordance with the terms of the security agreement.
 - b). Net salvage value.
 - c). Collection expenses, late charges, or other charges added after the inception of coverage.
 - d). Unearned insurance premiums under this coverage.
 - e). Unearned credit insurance premiums and warranty charges
 - f). Payments more than 120 days past due.
 - g). Any applicable deductible.
3. The unpaid balance shown in ITEM 3. of the Schedule Page.
4. When a covered loss is the result of more than one occurrence each loss shall be adjusted separately and be subject to a separate deductible.

CONDITIONS

THEFT

If a theft occurs, a police report must be filed. Upon the settlement of a total theft claim, the Lender will assign to us: A. The title; and B. your interest.

SUIT AGAINST US

No action shall be brought unless there has been compliance with the Certificate provisions and the action is started within five years after the date of loss.

CANCELLATION

The Certificate may be cancelled as follows:

- 1). The Lender may cancel the Certificate by giving us and you written notice stating when cancellation is to take effect.
- 2). We may cancel by mailing to the Lender and you,
 - a) At least 10 days notice if cancellation is for nonpayment of premium; or
 - b) At least 30 days notice in all other cases.
- 3). You may cancel by first obtaining the Lender's written consent and giving us written notice stating when thereafter cancellation shall take effect.

SPECIAL CONDITION: Any individual Certificate shall immediately terminate, upon;

- 1). Payment in full of the obligation assumed under the security agreement.
- 2). Sale, trade, transfer, abandonment or repossession of the collateral.

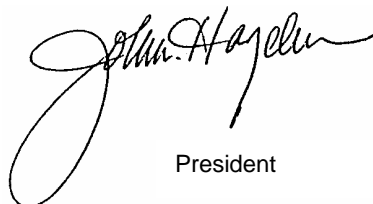
PREMIUM REFUNDS

- A. When either you or the Lender request Certificate cancellation, the return premium will be based on the Pro-Rata Cancellation Method.
- B. When we cancel a Certificate, the return premium will be pro-rata.

In Witness Whereof, the Company designated on the Schedule has caused this Certificate to be signed by its President and Secretary.



Secretary



President

AMERICAN MODERN HOME INSURANCE COMPANY

HOME OFFICE ADDRESS: 7000 Midland Boulevard - Amelia, Ohio 45102-2607

MAILING ADDRESS: P.O. Box 5323 - Cincinnati, Ohio 45201-5323

COLLATERAL PROTECTION PROGRAM

BORROWER'S CERTIFICATE OF INSURANCE – STATE OF ARKANSAS (Actual Cash Value Settlement Option)

This Certificate along with the attached Schedule forms a complete notice as issued to you, the Borrower. This Certificate contains only selected portions of the Master Policy issued to the Lender. It DOES NOT include all of the limitations and terms of the Master Policy. You may review the Master Policy at the Lender's Address shown in the Schedule.

PERILS INSURED AGAINST

ALL RISK COVERAGE – This Certificate insures against all risks of direct and accidental loss to the **collateral**, except as specifically excluded in this Certificate.

EXCLUSIONS

- A. **1).** Declared or Undeclared War, Insurrection, or any of their consequences. **2).** Riot or Civil commotion. **3).** Wear and Tear, Freezing, Mechanical or Electrical Breakdown or Failure. **4).** Nuclear or Atomic Energy of any form. **5).** Radioactive Contamination. **6).** Loss which occurs outside of the Certificate's effective date. **7).** Loss to any collateral on which the Lender has elected to waive insurance follow-up. **8).** The additional cost of repairing or replacing Customized Paint or Finishing and Additional Equipment and Structural or Body Changes. **9).** Loss to tapes, compact discs, cassettes, cartridges, or other sound reproducing devices designed for use with sound reproducing equipment. **10).** Loss to the following equipment or other sound reproducing devices, unless it is permanently installed by the manufacturer or dealer as of the date of the security agreement: Tape players and/or compact disc players, Citizen's band radio, Two-way mobile radio, Telephone, Scanning monitor receiver, Including speakers, antennas and other accessories, DVD players, GPS systems, and Radar devices. **11).** Loss to an eligible collateral held as collateral under any floor plan or field warehouse type of financing. **12).** Loss due to Confiscation by Governmental or Civil Authority of the collateral; and Conversion, or Secretion by any person in lawful possession of the collateral under a lease agreement, conditional sales contract, mortgage or other encumbrance. **13).** Loss due to blowouts, punctures or other road damages to tires unless caused by another loss covered by this Certificate. **14).** Loss while the collateral is used in any illegal activity. **15).** Loss to any collateral that is a semi-tractor, tractor trailer, or a vehicle that has 3 or more axles. **16).** Loss to any collateral used in a formal or informal racing or sporting event. **17).** We will not pay for loss arising from any lien, encumbrance or defect in title which existed at the time the loan was made by the Lender; or the Lender's failure to make the necessary filing to perfect and establish the priority of the security agreement. **18).** Loss resulting directly or indirectly from any dishonest, fraudulent, or criminal act by the Lender, the Lender's officers or employees, you, or any dealer from whom the Lender may acquire the security agreement. **19).** Loss resulting from any amount which is in excess of the balance used to calculate premium shown in ITEM 3 of the Schedule page. **20).** Coverage is not provided for Aircraft which are in motion.
- B. This Certificate does not grant coverage for the benefit of any person or organization holding, storing, or transporting the collateral for a fee.

COMPANY LIABILITY

- A. We may pay for a covered loss in money, repair or replace the damaged or stolen collateral. We may keep all or part of the collateral at an agreed or appraised value, but the collateral cannot be abandoned to us without our agreement.

- B. This is limited physical damage insurance. The most we will pay for a covered loss is the smallest of the following amounts after deduction of any compensation for loss paid to Lender by any other source:
1. The amount necessary to repair or replace the damaged or stolen collateral.
 2. The remaining balance due to the Lender, as represented by your unpaid balance less:
 - a). Unearned finance or interest charges, computed in accordance with the terms of the security agreement.
 - b). Net Salvage Value.
 - c). Collection expenses, late charges, or other charges added after the inception of coverage.
 - d). Unearned insurance premiums and warranty charges.
 - e). Unearned credit insurance premium and warranty charges.
 - f). Payments more than 120 days past due.
 - g). Any applicable deductible.
 3. The Actual Cash Value of the damaged or stolen collateral at the time of loss less net salvage value. In the absence of a prevailing **vehicle** evaluation guide, Actual Cash Value will be determined by the Regional NADA Guide.
 4. The liability limit shown in ITEM 3. of the Schedule Page.
 5. When a covered loss is the result of more than one occurrence each loss shall be adjusted separately and be subject to a separate deductible.

- C. If two or more pieces of collateral are covered under the same Certificate, we will not pay more than the following proportionate part of the total unpaid balance:

That proportion which the original Actual Cash Value of the damaged collateral, as of the date of the security agreement, bears to the total cash value of all described collateral as of the date of the security agreement.

- D. If other collateral, not covered under the Master Policy secures the loan, we will not pay more than the following proportionate part of the net unpaid loan balance:

$$\frac{A}{B} \times C = \text{limit of liability}$$

Where

A = Value of the insured collateral as shown in the individual Certificate as determined by the appropriate NADA value guide.

B = Net unpaid loan balance on the date of issuance of the individual certificate.

C = Net unpaid loan balance on date of loss.

CONDITIONS

THEFT

If a theft occurs, a police report must be filed. Upon the settlement of a total theft claim, the Lender will assign to us: A. The title; and B. your interest.

SUIT AGAINST US

No action shall be brought unless there has been compliance with the Certificate provisions and the action is started within five years after the date of loss.

CANCELLATION

The Certificate may be cancelled as follows:

- 1). The Lender may cancel the Certificate by giving us and you written notice stating when cancellation is to take effect.

- 2). We may cancel by mailing to the Lender and you,
 - a) At least 10 days notice if cancellation is for nonpayment of premium; or
 - b) At least 30 days notice in all other cases.
 - 3). You may cancel by first obtaining the Lender's written consent and giving us written notice stating when thereafter cancellation shall take effect.
- SPECIAL CONDITION: Any individual Certificate shall immediately terminate, upon;
- 1). Payment in full of the obligation assumed under the security agreement.
 - 2). Sale, trade, transfer, abandonment or repossession of the collateral.

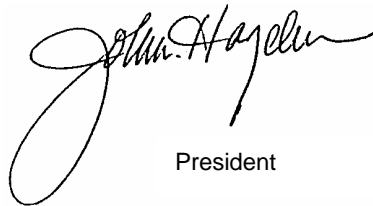
PREMIUM REFUNDS

- A. When either you or the Lender request Certificate cancellation, the return premium will be based on the Pro-Rata Cancellation Method.
- B. When we cancel a Certificate, the return premium will be pro-rata.

In Witness Whereof, the Company designated on the Schedule has caused this Certificate to be signed by its President and Secretary.



Secretary



President

AMERICAN MODERN HOME INSURANCE COMPANY

COLLATERAL PROTECTION PROGRAM ALL RISK PHYSICAL DAMAGE MASTER POLICY

ILLINOIS - AMENDATORY ENDORSEMENT

Under CP-MP (Rev. 05/07), the All Risk Physical Damage Master Policy

SECTION IV - COVERAGES A&B - CONDITIONS - G. ACTION AGAINST US - is hereby deleted and replaced by the following:

G. ACTION AGAINST US

No action shall be brought unless there has been compliance with the Policy provisions and the action is started within five years after the date of loss.

All other terms and conditions of this Master Policy remain unchanged.

AMERICAN MODERN HOME INSURANCE COMPANY

COLLATERAL PROTECTION PROGRAM LENDER COVERAGES POLICY FORM

ARKANSAS - AMENDATORY ENDORSEMENT

Under LB-MP (Rev. 05/07), the Lender Coverage Policy Form

SECTION V - CONDITIONS - F. ACTION AGAINST US is hereby deleted and replaced by the following:

F. SUIT AGAINST US

No action shall be brought unless there has been compliance with the Policy provisions and the action is started within five years after the date of loss.

All other terms and conditions of this policy remain unchanged.

SERFF Tracking Number:	AMMH-125771139	State:	Arkansas
Filing Company:	American Modern Home Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	20080502-06		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	Forms-CPI - 2008		
Project Name/Number:	Forms-CPI - 2008/20080502-06		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Master Policy Declarations	08/12/2008	
No original date	Form	All Risk Physical Damage Master Policy	08/12/2008	
No original date	Form	Lender Coverages Policy Declarations	08/12/2008	
No original date	Form	Lender Coverages Policy Form	08/12/2008	
No original date	Form	Eligible Collateral Endorsement	08/12/2008	
No original date	Form	Borrower's Schedule	08/12/2008	
No original date	Form	Borrower's Certificate of Insurance	08/12/2008	
No original date	Form	General Change Endorsement	08/12/2008	
No original date	Form	Waiver of Repossession Endorsement	08/12/2008	
No original date	Form	Actual Cash Value Settlement Option Endorsement	08/12/2008	

<i>SERFF Tracking Number:</i>	<i>AMMH-125771139</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Modern Home Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>20080502-06</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Forms-CPI - 2008</i>		
<i>Project Name/Number:</i>	<i>Forms-CPI - 2008/20080502-06</i>		

No original date	Form	Single Interest Deductible Endorsement	08/12/2008
No original date	Form	Borrower's Certificate of Insurance (ACV Settlement Option)	08/12/2008
No original date	Form	Limited Towing and Storage Endorsement	08/12/2008
No original date	Form	Commercial Vehicle Coverage Endorsement	08/12/2008
No original date	Form	Pro-Rata Cancellation Endorsement	08/12/2008
No original date	Form	Confiscation, Conversion, and Secretion Coverage Endorsement	08/12/2008
No original date	Form	Confiscation, Conversion, and Secretion Coverage Endorsement	08/12/2008
No original date	Form	Confiscation, Conversion, and Secretion Coverage Endorsement	08/12/2008
No original date	Form	Confiscation, Conversion, and Secretion Coverage Endorsement	08/12/2008
No original date	Form	Confiscation, Conversion and Secretion Coverage Change Endorsement	08/12/2008

<i>SERFF Tracking Number:</i>	<i>AMMH-125771139</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Modern Home Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>20080502-06</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Forms-CPI - 2008</i>		
<i>Project Name/Number:</i>	<i>Forms-CPI - 2008/20080502-06</i>		

No original date	Form	Repossession Reimbursement Coverage Endorsement	08/12/2008
------------------	------	---	------------

No original date	Form	Repossession Reimbursement Coverage Endorsement	08/12/2008
------------------	------	---	------------

No original date	Form	Mechanics Lien Reimbursement Coverage Endorsement	08/12/2008
------------------	------	---	------------

No original date	Form	Mechanics Lien Reimbursement Coverage Endorsement	08/12/2008
------------------	------	---	------------

No original date	Form	Repossession Storage Reimbursement Expense Coverage Endorsement (w/Single Interest Insurance)	08/12/2008
------------------	------	---	------------

No original date	Form	Repossession Storage Reimbursement Expense Coverage Endorsement	08/12/2008
------------------	------	---	------------

No original date	Form	Deficit Unpaid Balance Protection Coverage Endorsement	08/12/2008
------------------	------	--	------------

No original date	Form	Deficit Unpaid Balance Protection Coverage Endorsement	08/12/2008
------------------	------	--	------------

No original date	Form	Deficit Unpaid Balance Protection Coverage Endorsement	08/12/2008
------------------	------	--	------------

No original date	Form	Deficit Unpaid Balance Protection Coverage Endorsement	08/12/2008
------------------	------	--	------------

<i>SERFF Tracking Number:</i>	<i>AMMH-125771139</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Modern Home Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>20080502-06</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Forms-CPI - 2008</i>		
<i>Project Name/Number:</i>	<i>Forms-CPI - 2008/20080502-06</i>		

No original date	Form	Repossessed Collateral Coverage Endorsement	08/12/2008
------------------	------	---	------------

No original date	Form	Instrument Non-Filing Errors and Omissions Coverage Endorsement	08/12/2008
------------------	------	---	------------

No original date	Form	Loss Payee Protection Endorsement	08/12/2008
------------------	------	-----------------------------------	------------

No original date	Form	Loan Balance Protection Endorsement	08/12/2008
------------------	------	-------------------------------------	------------